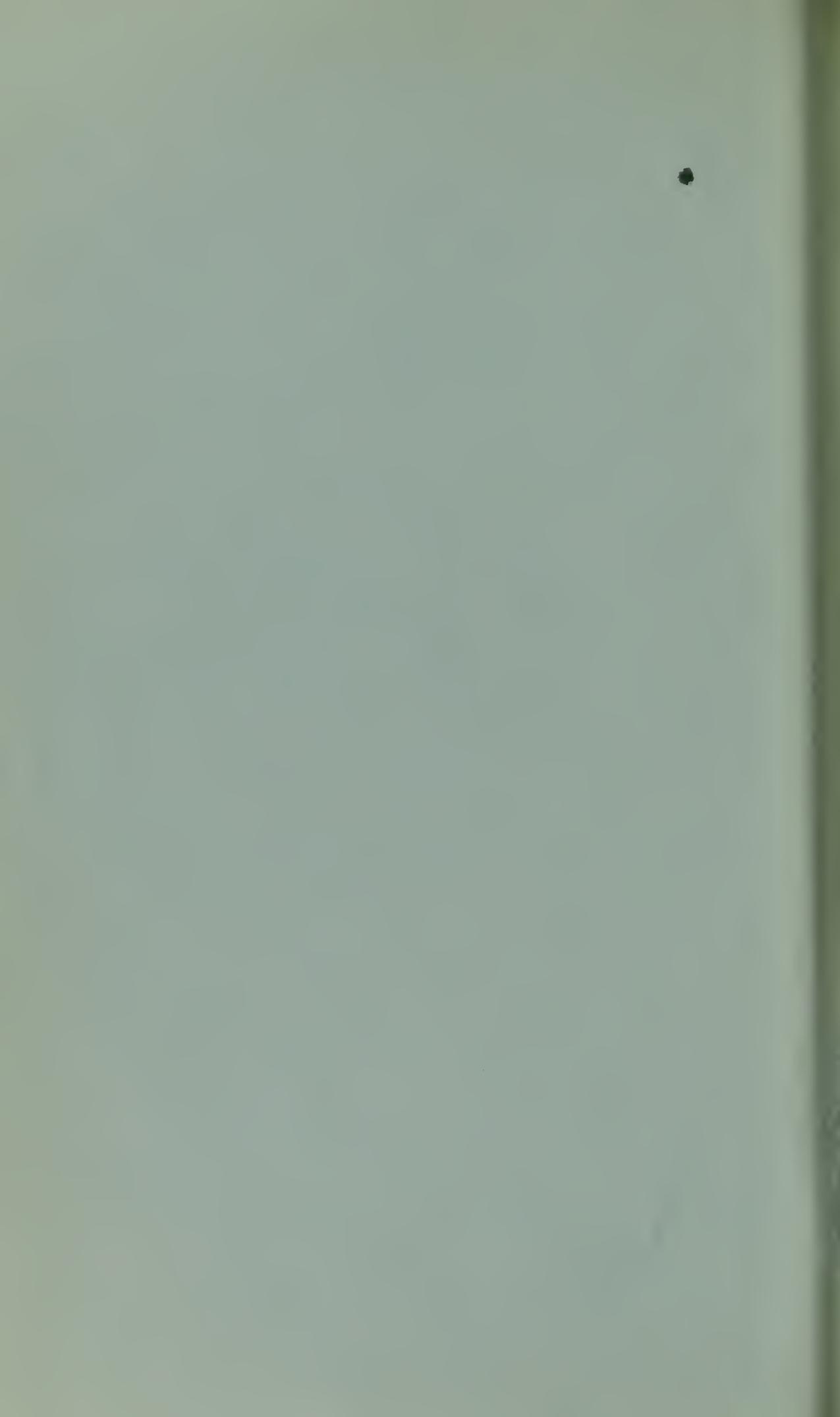




THE HEALTH OF
BLACKPOOL

1972





COUNTY BOROUGH OF BLACKPOOL



Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1972

BY

David W. Wauchob

M.B., B.Ch., D.P.H.

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

COUNTY BOROUGH OF BLACKPOOL HEALTH COMMITTEE
(As Constituted 31st December 1972)

THE WORSHIPFUL THE MAYOR, COUNCILLOR E. E. WYNNE

Chairman:
Councillor C. NUTTALL, M.B.E., J.P., F.C.A.

Vice-Chairman:
Councillor J. BLAKE

Councillor E. ALLCOCK	Councillor R. JACKSON
Councillor JOSEPH COX, M.B., Ch.B.	Councillor A. JONES
Councillor Mrs. H. A. BARNES, J.P.	Councillor C. K. MACKINNON, L.A.C.P.S.
Councillor S. GREEN, O.B.E.	Councillor Mrs. M. R. RIDDLE
Councillor R. S. HOLGATE, M.B., Ch.B.	Councillor Mrs. M. RILEY, J.P.
Councillor J. H. HESSEY, M.B.E., J.P.	Councillor A. W. RHODES

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY
(as at 31st December 1972)

Medical Officer of Health and Principal School Medical Officer
DAVID W. WAUCHOB, M.B., B.Ch., B.A.O., D.P.H.

Deputy Medical Officer of Health and Deputy
Principal School Medical Officer:
ANNE E. C. JEWSBURY, M.B., Ch.B., D.P.H., D.R.C.O.G.

Assistant Deputy Medical Officer of Health:
Post Vacant

Medical Officers in Department:

MARIE-JOYCE RIBCHESTER, L.R.C.P. & S. (Edinburgh), L.R.F.P. & S. (Glasgow)
ELIZABETH H. SAUNDERS, M.B., Ch.B. (part-time)
Dr. R. P. CLEWLOW, M.B., Ch.B. (part-time)
Dr. G. P. FORD, M.B., Ch.B., D.C.H. (part-time)
Dr. J. G. MUIR, M.B., Ch.B. (part-time)
Dr. T. W. ROBSON, M.B., Ch.B., D.P.H. (part-time)
Dr. P. WATSON, M.B., Ch.B. (part-time)

Consultant Ophthalmic Surgeon:
AUNG MYIN, M.B., B.S., D.O. (part-time)

Consultant Child Psychiatrist:
T. W. ROGERS, M.B., Ch.B., D.P.M. (part-time)

Principal School Dental Officer:
H. GLEEK, L.D.S., R.C.S. (Eng.)

Consultant Dental Surgeon (part-time):
H. ACKERS, R.F.C.S., F.D.S., R.C.S. (Eng.)

Dental Officers:

R. MARTYN, L.D.S. (Liverpool)
Mrs. J. HOPKINSON, L.D.S. (part-time)
J. R. HALL, B.D.S., L.D.S. (Manchester) (part-time)

ADMINISTRATIVE AND CLERICAL STAFF

Chief Administrative Assistant: R. PRYAR, A.C.I.S.

Administrative Assistant: J. COOKSON

Chief Clerk, Clinics: H. R. DOWLING

Senior Clerks: J. B. WILLIAMSON
Miss N. BROWN
Mrs. V. NORMAN
Miss M. TOPPING
Mrs. J. CUNNINGHAM

Secretary to Medical Officer of Health: Miss I. WILKINSON

Clerks:	R. ALLEN	Mrs. M. HOULCROFT
	Miss C. AVON	Miss C. L. JACKSON
	Mrs. J. BAMBER	Miss D. M. KIRBY
	Mrs. M. BURGESS	Mrs. D. LEGGE
	Miss C. DAVIES	Miss L. PERRIN
	Mrs. H. DAVIES	Miss E. REED
	Mrs. P. DAWSON	Mrs. S. HARRISON
	Mrs. J. EDWARDS	Miss J. TETLEY
	Miss A. EVANS	Mrs. J. TURPIN
	Mrs. K. GOUGH	Miss J. WALLER
	Mrs. J. HASLAM	Mrs. M. WEIR

Shorthand Typist:	Mrs. K. HUNTER
Typist:	Miss B. LIGHTBOWN
Telephonist:	Mrs. E. M. REID
Director of Nursing Services:	NURSING STAFF
Principal Nursing Officer:	Miss D. Salisbury, S.R.N., S.C.M., H.V., N.D.N. Nursing Admin. Cert. (Public Health)
Nursing Officers:	Miss G. IRELAND, S.R.N., S.C.M., H.V., Q.I.D.N.
Midwives:	Miss M. V. CLEGG, S.R.N., S.C.M., Q.I.D.N. Mrs. E. M. ELEY, S.R.N. Mr. F. WHITTLE, S.R.N., Q.I.D.N.
District Nurses:	Mrs. T. BOSWELL, S.R.N., S.C.M. Mrs. P. COOPE, S.C.M. Mrs. L. COOPER, S.R.N., S.C.M. (part-time) Mrs. C. M. DENNISON, S.C.M. (part-time) Mrs. R. GREEN, S.R.N., S.C.M. Miss R. E. SCOTT, S.R.N., S.C.M., Q.I.D.N. Mrs. B. A. SINCLAIR, S.R.N., S.C.M., Q.N.
Male District Nurses:	Mrs. M. C. ANKERS, S.R.N. Mrs. D. BENNET, S.R.N., Q.I.D.N. Mrs. J. P. BIRMINGHAM, S.E.N. Mrs. A. V. BRAIDSHAW, S.R.N. Mrs. J. M. BRADY, S.R.N. Mrs. S. E. COOPER, S.R.N., Q.I.D.N. Mrs. E. CROOK, S.R.N., Q.I.D.N. Mrs. C. DOBSON, S.R.N., R.F.N., Q.I.D.N. Mrs. J. M. DOCHERTY, S.R.N. Mrs. S. S. ELLIOTT, S.E.N. Mrs. D. ERRINGTON, S.R.N., Q.I.D.N. Mrs. B. FENTON, S.R.N., N.D.N. Miss A. FIELDING, S.R.N., S.C.M., N.D.N. Mrs. M. GREAVES, S.R.N., S.C.M., B.T.A. Mrs. B. M. HAGUE, S.R.N. Mrs. G. HAY, S.E.N. Mrs. J. M. HALL, S.R.N. Mrs. E. M. HOLMES, S.R.N. Miss C. JAMIESON, S.R.N. Mrs. P. W. KAY, S.E.N. Mrs. D. KERSHAW, S.R.N., S.C.M., Q.I.D.N. Mrs. A. M. LISTER, S.R.N., R.F.N., Q.N. Mrs. I. MCKENZIE, S.E.N. Mrs. M. McROY, S.R.N., R.F.N., Q.I.D.N. Mrs. M. McCLELLAND, S.R.N. Mrs. J. PEARSON, S.R.N., Q.N. Mrs. C. PENSWICK, S.E.N. Mrs. I. M. RIGBY, S.R.N., Q.I.D.N. Mrs. N. ROE, S.R.N., Q.I.D.N. Mrs. L. M. ROBINSON, S.R.N., Q.I.D.N. Mrs. D. SHAW, S.R.N., Q.I.D.N. Mrs. J. SHEPHERD, S.R.N. Miss D. M. SINGLETON, S.R.N. Mrs. E. M. SPINETTO, S.R.N., Q.I.D.N. Mrs. E. SUMNALL, S.R.N. Mrs. B. M. TRAVIS, S.R.N., Q.N. Mrs. J. P. TURNER, S.R.N., Q.I.D.N. Mrs. M. P. VOSE, S.R.N., S.C.M., Q.N. Mrs. M. R. WIGGIN, S.E.N. Mrs. H. L. WROE, S.E.N.
Nursing Auxiliaries:	Mr. W. GULLIFORD, S.R.N., Q.I.D.N. Mr. F. GRIFFITHS, S.R.N. Mr. G. S. ROLLINSON, S.R.N., Q.I.D.N. Mr. D. CALLERY Mrs. F. M. BUTTERWORTH Mrs. E. PEARSON Mrs. S. GREGSON (part-time) Mrs. B. BEELEY (part-time) Mrs. L. M. KENDALL (part-time) Mrs. P. I. McCLENAGHAN, (part-time)

HEALTH VISITING

Principal Nursing Officer	Miss M. SAUNDERS, S.R.N., H.V., Nursing Admin. (P.H.) Certificate
Nursing Officers:	Miss A. G. M. HOLDEN, S.R.N., S.C.M., H.V.
Field Work Instructors:	Mrs. J. N. BROOKES, S.R.N., H.V. Miss K. HICKMAN, S.R.N., S.C.M., H.V.
Health Visitors/School Nurses:	Miss B. J. MARR, S.R.N., H.V. Mrs. S. MIDGLEY, S.R.N., S.C.M., H.V. Mrs. K. R. ALLEN, R.S.C.N., S.R.N., S.C.M., H.V. Mrs. C. M. BADMAN, S.R.N., Q.I.D.N., (part-time)
	Mrs. A. BEVERLEY, S.R.N., H.V. Mrs. D. BURROWS, S.R.N., S.C.M., H.V. Mrs. J. V. BURROWS, S.R.N., S.C.M., H.V. Mrs. E. M. BUTLER, S.R.N., S.C.M., H.V. Mrs. F. CLEWS, S.R.N., H.V. Mrs. E. DEEGAN, S.R.N., S.C.M., H.V. Mrs. J. FITZGERALD-LEE, S.R.N., H.V. Miss C. HARDMAN, S.R.N., H.V. Mrs. C. HARVEY, S.R.N., H.V. Miss A. HIGGINBOTTOM, S.R.N., H.V. Mrs. B. A. HUGHES, S.R.N., H.V. Mrs. Y. I. MORRIS, S.R.N., H.V. (part-time) Mrs. O. NEWLOVE, S.R.N., S.C.M., H.V. Mrs. S. J. NOAH, S.R.N., H.V. Mrs. D. PAGE, S.R.N., S.C.M., H.V. (part-time)
School Nurses:	Mrs. H. P. PRICE, S.R.N., H.V. (part-time) Mrs. B. ROYLE, S.R.N., H.V. Miss O. E. SHARPIN, S.R.N., S.C.M., Q.N., H.V. Mrs. A. C. SPENCE, S.R.N., S.C.M., H.V. Mrs. I. M. STRAITON, R.F.N., S.R.N., H.V. Mrs. M. A. COOKE, S.R.N., S.C.M., H.V. Mrs. G. THOMPSON, S.R.N., S.C.M., H.V. Mrs. M. THOMPSON, S.R.N., S.C.M., H.V. Mrs. A. H. THORNTON, S.R.N., H.V., (part-time)
Clinic Nurses:	Mrs. A. DANIA, S.R.N. Mrs. E. W. KITCHEN, S.R.N., S.C.M. Q.I.D.N. Mrs. S. McGREGOR, S.R.N., (part-time) Mrs. P. ROBERTS, S.R.N., (part-time)
Student Health Visitors:	Mrs. J. HARVEY, S.R.N. Mrs. E. LAVELLE, S.R.N., (part-time) Mrs. B. FARISH, S.R.N. Mrs. D. MAY, S.R.N., S.C.M., Q.I.D.N. Miss M. PEEL, S.R.N., S.C.M.

PUBLIC HEALTH INSPECTORS — STAFF

Chief Public Health Inspector:	J. BRIAN PARKER, M.A.P.H.I.
Deputy Chief Public Health Inspector:	L. LANCASTER, M.A.P.H.I.
Chief Meat & Food Inspector:	T. W. LOMAX
District Public Health Inspectors:	E. W. BURROWS H. W. EVANS, M.A.P.H.I. P. FIRTH, M.A.P.H.I. I. S. MILLER D. TAYLOR, M.A.P.H.I. F. BAILEY, M.A.P.H.I. N. F. BAILEY, B.Sc., M.A.P.H.I. J. BINEHAM, M.A.P.H.I. J. C. HUNTER D. W. MOISTER, M.A.P.H.I.

W. MOISTER
L. W. ORMROND, M.R.S.H.

Authorised Meat Inspector:

P. HAIGH

Public Health Assistants:

R. W. CROFT
J. CROSSLEY
J. RICHARDSON
E. ROTHWELL

Trainee Public Health Inspectors:

R. J. CROFT
C. R. CLARK
J. NOBLE

Pestologist:

B. A. BLACKWELL

Drainage Works Foreman:

E. TAYLOR

PHYSIOTHERAPY

Physiotherapists:

Mrs. E. V. BARLOW, M.C.S.P.
Mrs. M. M. NOBLETT, M.C.S.P.
Mrs. P. V. PEMBERTON, M.C.S.P.
Mrs. L. TAYLOR, M.C.S.P.
Mrs. M. WARD, M.C.S.P.

CHIROPODY

Chiropodists:

Mr. W. BRADLEY, M.Ch.S., S.R.Ch.
Miss M. J. HYDE, S.R.N., S.C.M., Q.I.D.N.,
M.F.S.Ch.
Mr. K MURGATROYD, M.Ch.S. S.R.Ch.
Mrs. S. HOLMES, M.F.S.Ch., A.Ch.,
M.E.S.Ch., (part-time)
Mr. R. CROOK, M.Ch.S., (part-time)
Mr. W. GARLICK, M.M., L.Ch., H.Ch.D..
(part-time)
Mr. A. GREEN, M.Ch.S., S.R.Ch.,
(part-time)
Mrs. M. BARNES, M.Ch.S., (part-time)
Mrs. L. BLANK, M.Ch.S., (part-time)

AMBULANCE SERVICE

Ambulance Officer:

Mr. A. YOUNG

OCCUPATIONAL THERAPY

Occupational Therapist:

Post Vacant

SPEECH THERAPISTS

Mrs. A. BLAIR, L.C.S.T. (part-time)
Miss J. LAYCOCK, L.C.S.T.

SPECIALIST TEACHER OF THE DEAF

KENNETH NEWSON, Univ. Cert. for Teachers of the Deaf.
Manchester University

SOCIAL WORKER

Mrs. M. AITKEN, S.R.N., Dec. of Rec., C.T.S.W.

DENTAL AUXILIARY

Miss J. P. HALL

DENTAL SURGERY ASSISTANTS

**Mrs. M. HOULDsworth
Mrs. B. JOHNSON (part-time)
Mrs. E. WELLS
Mrs. H. W. WOOD**

HYGIENE ASSISTANTS

**Mrs. J. WILLIAMSON
Mrs. P. BURTON**

PUBLIC ANALYST

Public Analyst: Mr. R. SINAR, B.Phar., B.Sc., F.P.S.,
F.R.I.C.

Deputy Public Analyst: Mr. C. F. HOOKE, L.I.Biol., M.Chem.A.,
F.R.I.C.

To the Chairman and Members of the Health Committee

Mr. Chairman, Ladies and Gentlemen,

Writing the foreward for the Annual Report for 1972 is a task which Medical Officers of Health will undertake with mixed feelings. Since 1973 will be the last full year in which the Local Health Authorities, as such, will exist it may be that the report for that year will be undertaken in a different form. Certainly 1973 will be a year in which there will be many added burdens of preparing for the reorganisation of the Health Service in 1974, so we must look back to 1972 with a degree of nostalgia.

In the 24 years in which the National Health Service has existed, it has provided the people of Blackpool with a very fine service, although there can be no doubt that, despite this standard of excellence, there have been the generally recognised deficiencies due to administrative isolation from the other branches of the health and welfare services. Individual efforts have, over the years, helped to diminish the gulf, but it has not yet been completely closed. One hopes that the reorganisation of the National Health Service will secure this unified service, but only time will tell whether this has been achieved, and whether the Family Practitioner Committees and the hospitals and the community health and health centres will be closer than they have been in the past.

1972 saw great progress towards the reorganisation and integration of the Health Service. In times of change there are always uncertainties and anxieties, but it is significant that, although there have been changes of staff, these have not been in any greater numbers than in previous years.

The work which has been performed by the staff of the Local Health Authority will still be necessary after reorganisation, and the special skills and experience of the staff of the Health Department will be just as essential under the new arrangements as they always have been. There can be little doubt that the problems and challenges associated with the forthcoming reorganisation will make heavy demands on every member of the staff, but the confidence born of previous experience ensures that the same adaptability and resilience will be displayed as has been evident in previous times of change.

It should never be forgotten that the whole aim of reorganisation is to provide a better and more efficient service to the patient, and it is more than ever essential that the personal aspect of the service is maintained.

The biological statistics in the report indicate how the department has been successful in maintaining the standards of service to which the population has been accustomed. Criticisms of these statistics have been made in the past, but they do provide a method of comparing the achievements over a number of years in this department and with the situation nationally. It has been emphasised before that it is not so much the figures for an individual year which are significant but the trend that these figures indicate, and in this respect it is interesting to note the continuing decline of those infectious diseases which a few years ago were regarded as the major scourges facing mankind. Many of these are no longer of account - diphtheria, poliomyelitis, tuberculosis, measles and pneumonia having practically disappeared, thereby contributing to a greatly raised survival rate at both ends of life. Modern medicine has reduced the death rate and converted this to an increase in sickness and disability needing continuing care and attention, with the result

that the hoped-for reduction in the costs of the Health Service have not been achieved.

The affluence and permissiveness of present day society have fostered some, and exaggerated other diseases. Coronary Disease, Lung Cancer and Venereal Disease are the more dramatic, and figures relating to these will be found in the Report. In addition to these, obesity, alcoholism and drug-taking are some of the diseases of the new epidemics.

The structure of the population in Blackpool, which shows a relatively small percentage in the working age group and a larger percentage of both retired and pre-employment groups, forecasts the picture nationally. This has been caused by the disappearance of the large family producing a young society with a high proportion of wage earners. This older society will in the future require increasing help, both practical and financial, from the working section of the community.

Although the 1971 Census which was published in 1972 showed the population of Blackpool as being 151,540, the estimated population for 1972 is 149,970. This is only an increase of 200 over the estimate for 1971. The change in population due to births and deaths alone would have resulted in a decrease of 1,140, so presumably 1,340 people were estimated to have migrated to Blackpool during the year.

An examination of preliminary returns indicates that 43% of the population is now over 51 years of age, with three females to every two males. Blackpool has 7.17% of its population aged 76 and over. The corresponding figure for Lancashire administrative county, including the County Boroughs, is 4.37%. These figures reflect the present trend of people, when they retire, to migrate to coastal areas, and shows very clearly where geriatric care will be required in the years ahead.

It is to be hoped that the special problem of seaside areas will be remembered when resources are being allocated. This also applies to the social services and indicates the need for housing to be provided to meet the special requirements of elderly people. There is an insatiable demand for this type of accommodation in retirement areas. Perhaps the present emphasis on the improvement of the environment will encourage more people to remain in their home areas when they reach the age of retirement. A vast spectrum of people is encompassed in this group, from those who are totally self-sufficient to those who are incapable of adjusting to the complex society which has developed today.

The health record for 1972 is fairly satisfactory and the ordinary health indices show that we are holding our position, although it can be clearly seen that there is still room for improvement in the results. These have been affected by factors which were present in the past and are still producing effects today. This emphasises the long-term view required in a community health programme, and the necessity to eliminate as far as possible all detrimental influence today, so that further improvements can be seen in the years ahead. This will need considerable efforts to persuade the public to change ways of living and habits which at present they find attractive. Such activities include cigarette smoking and the excessive use of alcohol and drugs.

Live births continued to fall from 1,701 in 1971 to 1,557 in 1972, a reduction of 144, giving a crude birth rate of 10.38 as compared with 11.36 in 1971, and an adjusted rate of 13.08 as against 13.67 in 1971. The England and Wales rate also fell sharply from 16 to 14.8. This trend is against what had been expected on demographic grounds. The number of women in the child-bearing age groups (twenties) is rising sharply as a consequence of the higher birth rate of the late 1940's. The decline in the birth rate then must be attributed to a desire on the part of parents to limit their families, and also the success of the family planning activities of voluntary organisations and local and central authorities.

Illegitimate births

Although the family planning activities may have been responsible for reducing the live birth rate, the percentage of illegitimate births rose from 15.4 in 1971 to 16.96 in 1972, representing a total of 264 live births. The rate for England and Wales is 9. The high incidence of illegitimacy locally has been commented on in previous Reports, and is attributed to the number of girls who come to this area largely attracted by the facilities which are provided for the birth of their babies. Illegitimacy is due to a complex variety of causes, and it has not yet been demonstrated that the methods of family planning available at present, or the great knowledge of the means of preventing pregnancy, have got much to contribute to a reduction of this figure. It would appear that most of these births arise as a result of unpremeditated incidents, which have been contributed to by the present permissive attitude of our society.

An increasing number of these mothers no longer seek a solution by a marriage enforced by pregnancy with its obvious social difficulties. Many are now attempting to bring up their children single-handed. The facilities to assist them are still limited, and when the first enthusiasm has gone the problems to be faced are very considerable, and have given rise to second thoughts about the advisability of their initial decisions. The need for wise counselling of mothers in this situation has been recognised by the local voluntary organisations and tribute must be paid to these. In a population where one child in six is born illegitimate, there is no need to emphasise the necessity for adequate services to assist these families in the future. There is also the need for further education to bring reality to a situation where publicity and notoriety have surrounded some single mothers who are in vastly better financial circumstances than those who attempt to follow their trendy patterns of living.

Stillbirths

As has been pointed out in previous Reports, whether a child is born dead or dies shortly after birth is largely fortuitous, therefore, although there has been a drop in the number of stillbirths, a truer indication of the present circumstances is shown by the peri-natal rate which shows stillbirths and deaths in the first week of life. The figures show that there has been an increase in the rate from 21.45 in 1971 to 23.49 in 1972, the national figure remaining at 22. A swing above the national average for this figure and others concerned with child care, although disappointing, can be expected to happen in an area where the figures are related to a comparatively small

number of births. When the trend over a number of years is studied, it is seen that there is a considerable and continuing improvement at a rate greater than that for the country as a whole. This is demonstrated in a graph to be found later in the body of the Report.

Prematurity

Local health authorities are required to compile statistics of notified premature live births and stillbirths occurring each year in their areas, using an international weight criteria of 2,500 grammes or less. It will be realised that this standard does not give any information relating to the gestational period, and it is possible that "small for date" babies may be small because of retardation by some interference with uterine growth, and in this way they may differ from the true premature children. It is known that premature babies have a higher rate of congenital malformations and other defects, including mental retardation. Prematurity is regarded as making a major contribution to infant mortality and morbidity, and in the year under consideration premature infants formed only 6.68% of all births, but accounted for a mortality in the peri-natal period. Low birth weight has been shown in a series of studies to be nearly twice as common in the babies of mothers who smoke, the main fact being a reduction in the birth weight, indicating a direct effect on foetal growth rather than a shortening of the period of gestation. Many mothers are now aware that smoking has a deleterious effect on the outcome of their pregnancy, and forego smoking during this time. It is an example which could well be followed by all mothers.

Infant Mortality

The adverse swing referred to earlier is also shown in the figures relating to infant mortality — 33 under the age of one year in 1972, a very considerable increase over the figure of 19 in 1971, which was an exceptionally low year, and to give perspective, 41 children died during the first year of life in 1970. This year's figure gives a rate of 21.1 per thousand live births, as against 11.17 in 1971. The national rate has fallen from 18 to 17. The total infant mortality rate has fallen by approximately one half since the introduction of the National Health Service in 1948.

It has always been considered that illegitimacy has an adverse effect on the outcome of a pregnancy, especially when related to figures of infant mortality. Nationally, the mortality rate for legitimate babies is lower than for the illegitimate. One surprising feature of the local statistics is that the legitimate mortality rate is 22.42, whereas the illegitimate mortality rate is only 15.15. This reversal of figures is not due to any single cause, but must indicate that a much better use is now being made of the excellent facilities that are available in the maternity and child health services for the unmarried mother and her child.

Maternal Mortality

Fortunately no maternal deaths occurred during 1972, and only three such deaths have occurred during the past eleven years. Well over 90% of confinements now occur in hospital, and there has been a continuation of the early discharge scheme. This has worked well and an agreed plan has

been developed between the hospitals and local health authorities and general practitioner services.

A close liaison has been established to facilitate the scheme to be put in hand when the new maternity hospital opens in 1974. Already discussions and consultations have taken place to ensure that the already excellent standard of services for the mothers of the area continues to improve with the new facilities that will be made available.

Nationally, abortion is now a main cause of maternal mortality, and it is essential that a health education programme is maintained to make those concerned aware of the importance of family planning in the prevention of maternal mortality and morbidity.

Deaths

As can be seen in the Report, deaths due to cancer of the lung and bronchus have increased by 50% in the past decade. During the same period deaths from coronary heart disease have increased by 40%. It is now well-known that cigarette smoking has a very important part to play in the causation of both these deaths. Two out of three men and nearly half the women of this country smoke, and this must impede successful education of the younger generation. It is felt necessary to draw attention here to the statement made by the Chief Medical Officer of the Department of Health and Social Security in his report for the year 1968 that "It would have been infinitely better for the world if the tobacco plant had never been grown".

Community Nursing Services

As mentioned in last year's Report, a survey of the community nursing services was undertaken by the O. and M. Section and the Chief Nursing Officer. This was presented to the Health Committee and the Council at the beginning of the year. This allowed the new Mayston nursing structure to be implemented, but unfortunately financial provisions were not adequate to allow for the recruitment of all staff. It has not, therefore, been possible to give an assessment of its value, but there is enough to show that there has been an advancement on the previous working arrangements. There has been better liaison with the hospitals and the general practitioners, but it has not been possible to introduce a 24 hour nursing service. This must always remain as one of our main objectives to improve the care of the population with such a high percentage of old people, many of whom have neither friends nor relatives to call upon in times of emergency. It is hoped that the full implementation of the O. and M. Report, a summary of which will be found later, will not be long delayed. There can be no doubt that when this happens it will make a substantial contribution to the well-being of the community.

Social Services

After approximately two years' experience of the new Social Services Department, it has been recognised that if both departments are to make their best efforts for the community then good working relationships must be maintained. Already effective links have been made when dealing with the problems of children, and as many of the social workers dealing with adults originally worked in the Health Department as Mental Health workers,

it has been possible to maintain and establish a close association with them. At the time of writing, the health centre programme has only got under way and it has now been possible to develop the concept of a community health team, and to discover the advantage of co-operation between the family doctors, the local authority nursing staff and social workers. Interest has been stimulated and it is agreed that provision should be made for the social worker to be included in the first health centre which is at present being planned, in expectation of the new role and function of the Social Services Department in general practitioner practice. Already case conferences are arranged between health visitors and social workers in the management of problem families and common problems, and by this means experience has been gained by most of the workers in an essential collaborating role.

Environmental Health Services

The Public Health Act 1848 was the beginning of a long line of Public Health measures which were the responsibility of the Medical Officer of Health, and were amongst the earliest and most essential developments in the community services. Their main contribution had been the reduction of infectious disease and the establishment of healthy conditions for the community as a whole. There is a danger that as they now have become so much a part of the background of life they may be taken for granted, but they are nevertheless of fundamental and continuing importance and cover a whole range of activities.

Environmental health services will remain with the local authorities after the reorganisation of 1974, but because so much of their activities will still be matters on which medical advice will be required, a special consultative committee will be established between the Area Health Authority and local authority. The District Community Physician will, with the consent of the districts, be appointed as their Proper Officer for the purposes of notification of infectious disease and carrying out other functions, and services on behalf of the local authority.

Good channels of communication will be imperative in this work, particularly in the control of infectious disease; this is especially so in the case of a holiday resort with a high percentage of mobile population, and the necessity to maintain the highest possible standards of food hygiene.

At the time of writing this report most local authorities appear to have recognised this and environmental health departments have been kept intact. There will be a particular need to see what improvements can be made in the environmental health services as a result of reorganisation. Although priorities may differ from one local authority district to another, there should be minimum standards below which the standard of housing, food control, atmospheric pollution, refuse collection and other services should not be allowed to drop.

The public are becoming increasingly sensitive to the need for fighting pollution and abating it wherever possible. It is a matter for regret that financial restrictions did not allow the appointment of a Dog Warden, a post which had been approved by the Council, and aimed at a clean-up of many of the town's streets.

In addition to the local effects, care must also be taken to see that no more toxic substances are being released into the seas and rivers. For this responsibility there is a need for national planning, as individual authorities

carrying out work on a piece-meal basis will not be in a position to evaluate the needs of the nation as a whole.

Conclusion

The Local Health Authority realises that there are profound changes ahead, perhaps more than for any branch of the service, but it is hoped that we will be able to meet up with this challenge and that some attempt has been made to prepare for it. All members of the staff have been considerably affected by the extra work which has, and which will fall to be done in preparation for 1974 reorganisation. I should like to express my thanks to all for their past efforts, and for the exertions which I know they will readily shoulder to bring about a better service to the community.

There was one sad loss to the department during 1972. Mr. Frank Dixon, Chief Ambulance Officer since 1958, played an invaluable part in the organisation of the Ambulance Service. He served with the R.A.M.C. during the war, and was President of the Ambulance Cadet Division of the St. John Ambulance Brigade. He had long and honourable service, both with Lancashire and Blackpool Ambulance Services, and will be missed very much.

Dr. E. J. Walsh, Deputy Medical Officer of Health, left during the year to take up a post with the Department of Health and Social Security at Norcross. He had been with the department since 1966, and we would like to wish him every happiness and success in his new sphere of life.

The success of the Health Department in the past has been dependent on the team approach and on the availability of many disciplines which could be brought to the solution of a problem. It is hoped that with this reorganisation there will be an opportunity to increase and improve on this approach.

It is pleasant to be able to record the willing co-operation which has been received from family doctors and members of the hospital service, and I should like to thank them for their wholehearted support.

I would also like to place on record my thanks to the many departments of the Corporation who have willingly given help, particularly the Chief Education Officer and members of the Education Committee, and for the close liaison which has been established with the Director of Social Services and his department. I am deeply grateful to all members of staff of the department for their response to the heavy demands which have been made upon them. To the Chairman and members of the Health Committee I would like to tender my thanks and appreciation for their support throughout the year.

Municipal Health Centre,
Whitewgate Drive,
Blackpool.
Telephone No. Blackpool 63232.

D. W. WAUCHOB,
Medical Officer of Health.

GENERAL AND VITAL STATISTICS AND SOCIAL CONDITIONS IN THE BOROUGH

GENERAL STATISTICS

Area (exclusive of foreshore)	8,650 acres
Area of Foreshore and Tidal Water	2,076 acres
Population (Registrar General's estimate, mid-year 1972)	149,970
Population (Census 1971)	151,540
Number of inhabited houses	51,375
Number of empty houses	961
Rateable value of the Borough	£8,772,170
Product of a Penny Rate	£83,400

SOCIAL CONDITIONS OF THE BOROUGH

The Area Compatibility Factors for births and deaths are 1.26 and 0.72 thus signifying the Borough as a retirement resort.

The figures below, kindly furnished by the Manager of the Labour Exchange, show the employment position with regard to the Borough.

Unemployed

	Men	Women	Boys	Girls	Total
June, 1972	1577	221	49	29	1876
December, 1972	2428	467	91	45	3031

Registered Disabled

April, 1972	2121	474	11	3	2609
-------------	------	-----	----	---	------

Unemployed Disabled

Suitable for ordinary employment					
June, 1972	213	72	—	—	285
December, 1972	350	92	1	1	444

Unemployed Disabled

Suitable for sheltered employment					
June, 1972	16	5	1	—	22
December, 1972	24	7	1	—	32

VITAL STATISTICS

		Male	Female	Total
Live Births:	Legitimate	701	592	1293
	Illegitimate	122	142	264
	Birth Rate (Crude) per 1,000 pop.	10.38		
	Birth rate (Standardised) per 1,000 pop	13.08		
Still Births:	Legitimate	12	4	16
	Illegitimate	—	2	2
	Rate per 1,000 births (live and still)	11.56		
	Rate per 1,000 population	0.12		
	Total live and still births	835	740	1575
Infant Deaths	...	15	18	33
Infant mortality rate per 1,000 live births—total	...	21.19		
Infant mortality per 1,000 live births—legitimate	...	22.42		
Infant mortality rate per 1,000 live births— illegitimate	...	15.15		
Neo-natal mortality rate per 1,000 live births	...	16.06		
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	...	12.20		
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	...	23.49		
Maternal deaths (including abortion)	...	—		
Maternal mortality rate per 1,000 live and still births	...	—		
Illegitimate live births per cent. of total live births		16.96		

BIRTHS

The number of live births in Blackpool during 1972 was 1,557, a reduction of 144 on 1971. The crude birth rate is 10.38 per 1,000 population and the adjusted rate is 13.08 as compared with 11.36 and 13.63 in 1971. The rates for England and Wales with which the adjusted rate should be compared is 14.8.

Illegitimate Births. 264 such births were registered during the year, 2 more than in 1971, resulting in a percentage of 16.96 of the total live births (15.40 in 1971).

Stillbirths. 18 stillbirths were registered in 1972, six less than in 1971. This gives a rate of 11.56 per thousand total births, as against 14.11 for 1971. The England and Wales rate is 12.

RECENT POPULATION CHANGES IN THE BOROUGH

According to the Registrar General's estimated figure for mid 1972, an increase of 200 is recorded. Deaths again exceed births, this year by 1,140. Migration of 1,340 persons presumably accounting for the change.

The figures below outline the trend in population, births and deaths from the year 1957 to date.

Year	Midyear Population Registrar General's Estimated Figure	Population change during year	Change in Population		Change in Population due to migration
			due to births and deaths only during year	—	
1957	145,600	— 900	— 629	— 271	
1958	144,500	— 1,100	— 743	— 357	
1959	143,600	— 900	— 657	— 243	
1960	143,530	— 70	— 556	+ 486	
1961	150,000	+ 6,470	— 702	+ 7,172	
1962	151,250	+ 1,250	— 671	+ 1,921	
1963	151,000	— 250	— 498	+ 248	
1964	150,030	— 970	— 552	— 418	
1965	150,440	+ 410	— 631	+ 1,041	
1966	151,300	+ 860	— 670	+ 1,530	
1967	151,510	+ 210	— 668	+ 878	
1968	147,850	— 3,660	— 890	— 2,770	
1969	146,700	— 1,150	— 934	— 216	
1970	150,000	+ 3,300	— 978	+ 4,278	
1971	149,770	— 230	— 842	+ 612	
1972	149,970	+ 200	— 1,140	+ 1,340	

DEATHS

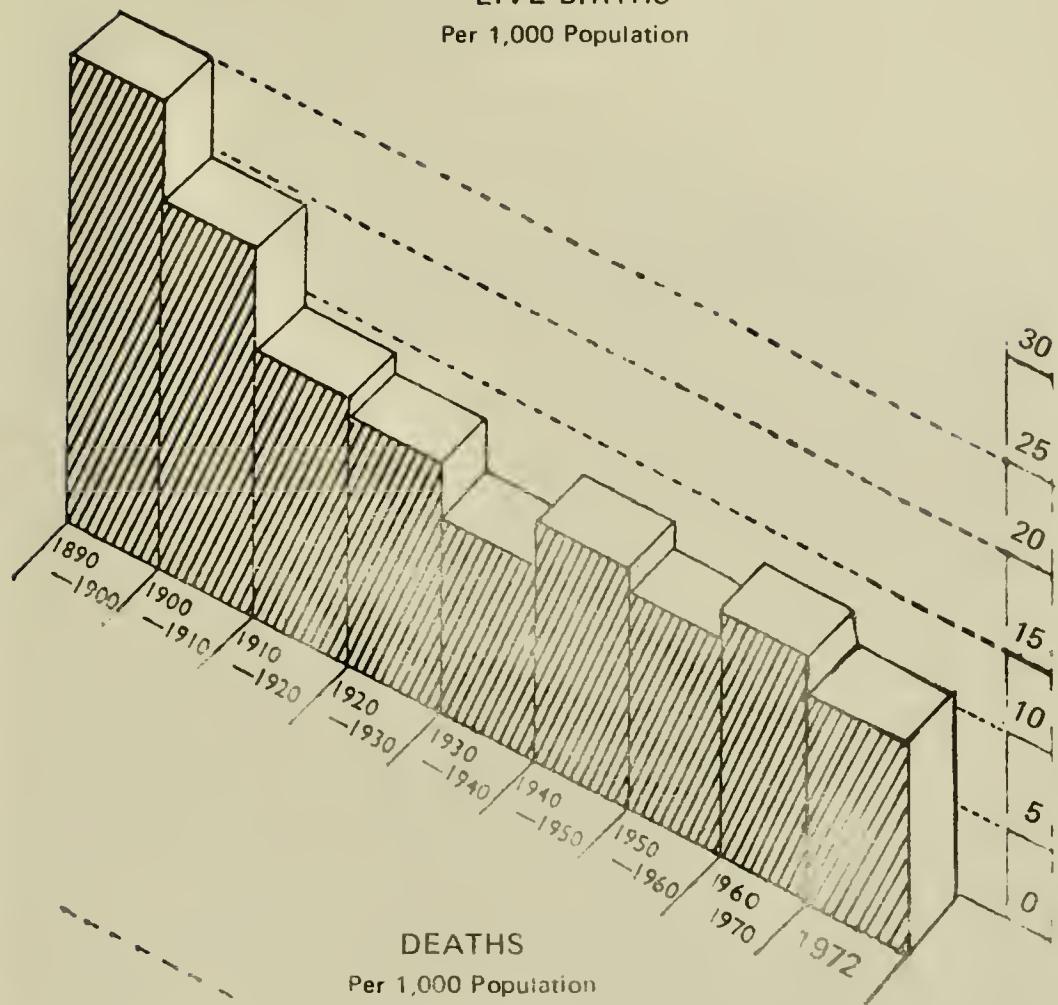
			Male	Female	Total
Deaths	...	...	1,333	1,364	2,697
Death Rate (Crude) per 1,000 population	...				17.98
Death Rate (Standardised) per 1,000 pop.	...				12.95
Death Rate for England and Wales	...	...			12.1

The percentages of deaths in various age groups with corresponding figures for previous year are shown below:—

AGE	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Under 12 months	1.67	2.05	1.79	2.07	1.75	1.87	2.54	1.83	1.69	1.76	1.88	1.40	.91	1.51	.75	1.22
1 year and under 5 years	.13	.16	.29	.21	.43	.15	.12	.38	.46	.23	.27	.26	.37	.15	.02	.30
5 years and under 15 years	.34	.29	.17	.12	.17	.22	.27	.23	.08	.08	.23	.15	.18	.26	.28	.30
15 yrs. and under 65 years	27.64	26.49	25.58	25.94	25.69	24.54	23.58	25.08	25.16	24.93	23.91	22.74	21.94	22.47	22.80	21.54
65 years and over																
75 years and over	31.03	30.65	30.95	31.77	28.45	30.38	30.71	31.55	29.91	30.05	30.59					
75 years and over	70.22	71.01	72.17	71.66	71.96	31.07	31.32	32.83	31.31	32.35	32.94	35.46	34.5	34.31	34.48	30.96
75 years and over						11.12	11.52	8.70	9.53	12.20	10.39	9.28	10.06	11.39	11.62	15.09

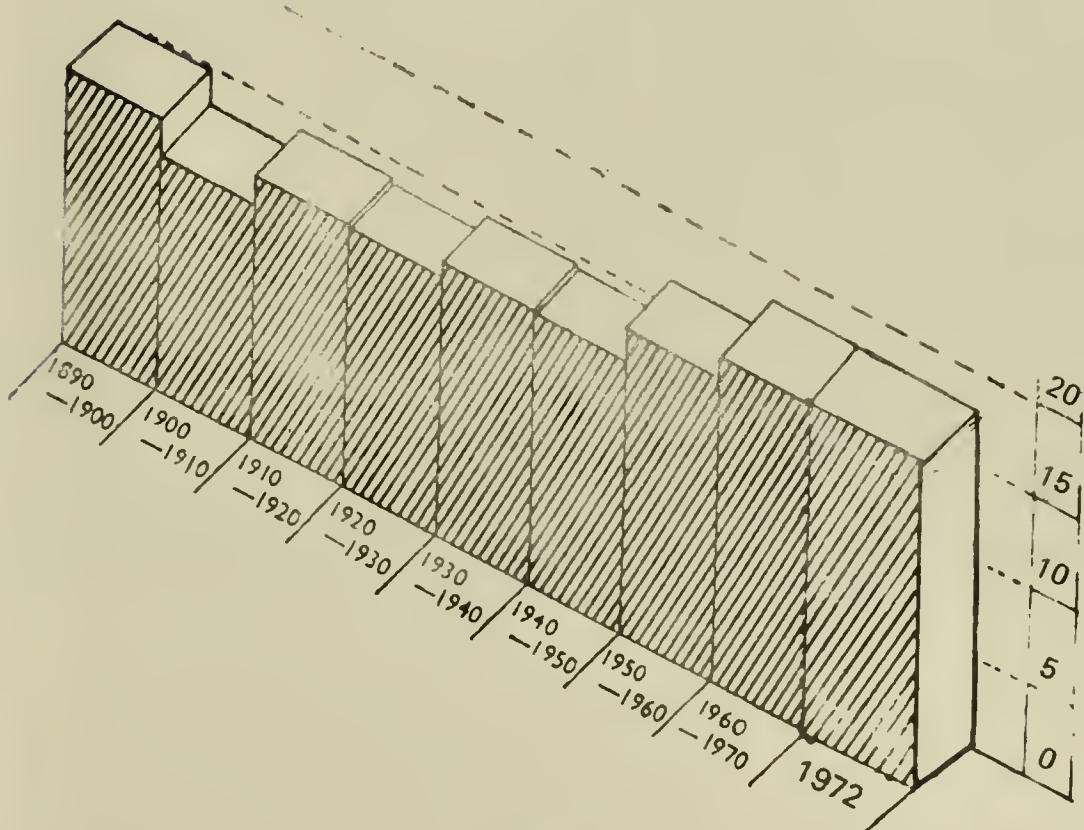
LIVE BIRTHS

Per 1,000 Population



DEATHS

Per 1,000 Population

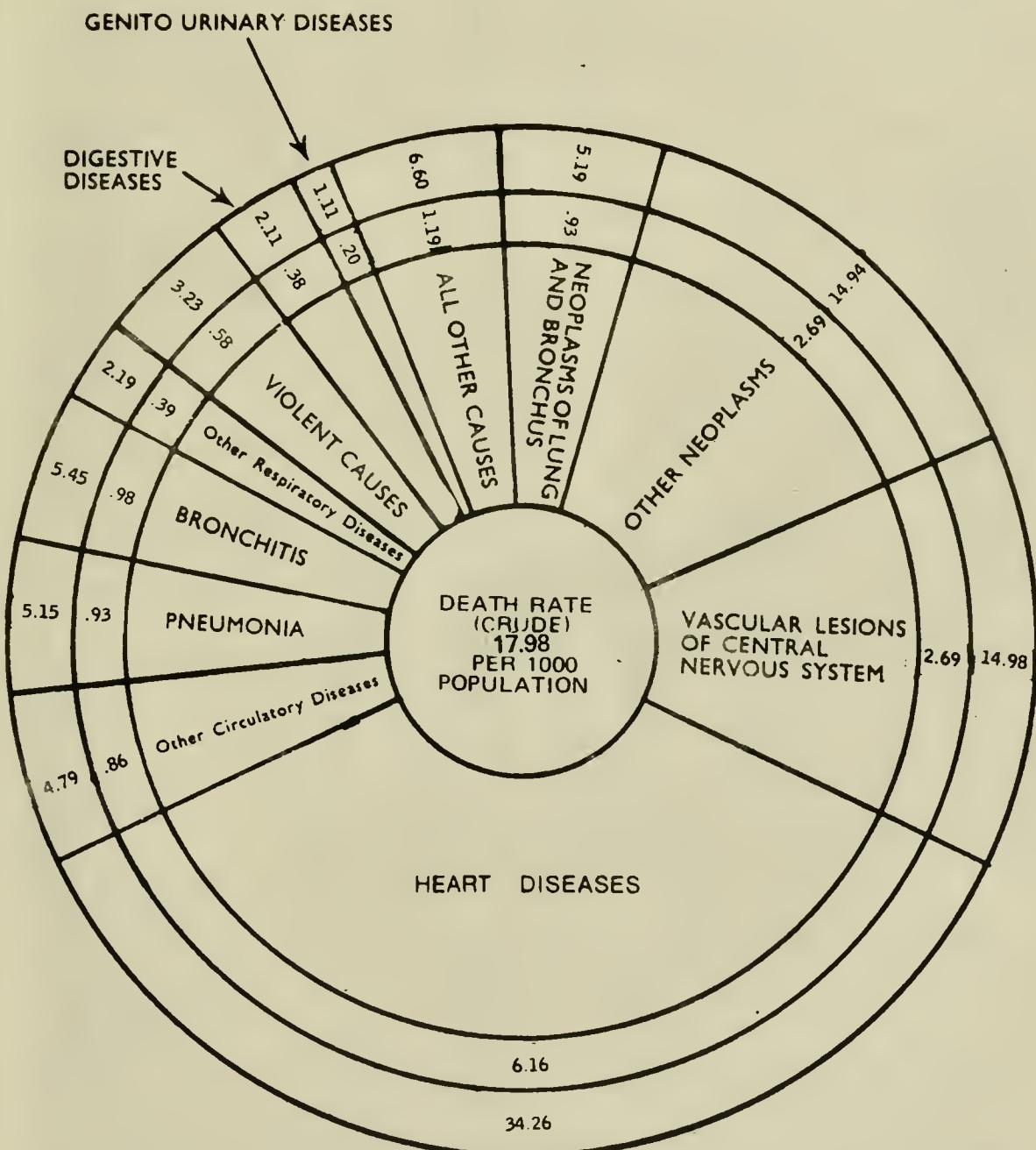


Cause of death	Sex	All Ages	Under 4 wks.	4 wks. & under 1 year	Age in years								
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
Enteritis and other Diarrhoeal Diseases	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System	M	3	—	—	—	—	—	—	1	—	—	1	1
	F	—	—	—	—	—	—	—	—	—	—	—	—
Late Effects of Respiratory T.B. ...	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Buccal Cavity, etc. ...	M	3	—	—	—	—	—	—	—	—	—	—	1
	F	2	—	—	—	—	—	—	—	—	1	1	—
Malignant Neoplasm, Oesophagus ...	M	7	—	—	—	—	—	—	—	—	—	2	4
	F	6	—	—	—	—	—	—	—	—	—	1	2
Malignant Neoplasm, Stomach	M	38	—	—	—	—	—	—	—	—	4	5	17
	F	30	—	—	—	—	—	—	—	—	1	4	11
Malignant Neoplasm, Intestine	M	36	—	—	—	—	—	—	—	—	2	5	16
	F	54	—	—	—	—	—	—	—	—	3	10	17
Malignant Neoplasm, Larynx	M	2	—	—	—	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Lung, Bronchus ...	M	109	—	—	—	—	—	—	—	1	11	36	47
	F	31	—	—	—	—	—	—	—	2	9	13	7
Malignant Neoplasm, Breast	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	47	—	—	—	—	—	—	—	2	5	16	13
Malignant Neoplasm, Uterus	F	23	—	—	—	—	—	1	—	3	10	4	5
	M	19	—	—	—	—	—	—	—	—	—	—	6
Malignant Neoplasm, Prostate	M	10	—	—	1	1	1	—	—	—	2	3	2
	F	7	—	—	—	—	—	—	—	—	2	1	1
Leukaemia	M	44	—	—	—	—	—	3	2	6	7	15	11
	F	69	—	1	—	—	—	—	4	2	17	33	12
Other Malignant Neoplasms	M	1	—	—	—	—	—	—	—	—	1	2	—
	F	2	—	—	—	—	—	—	—	—	1	—	1
Benign and Unspecified Neoplasms ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—

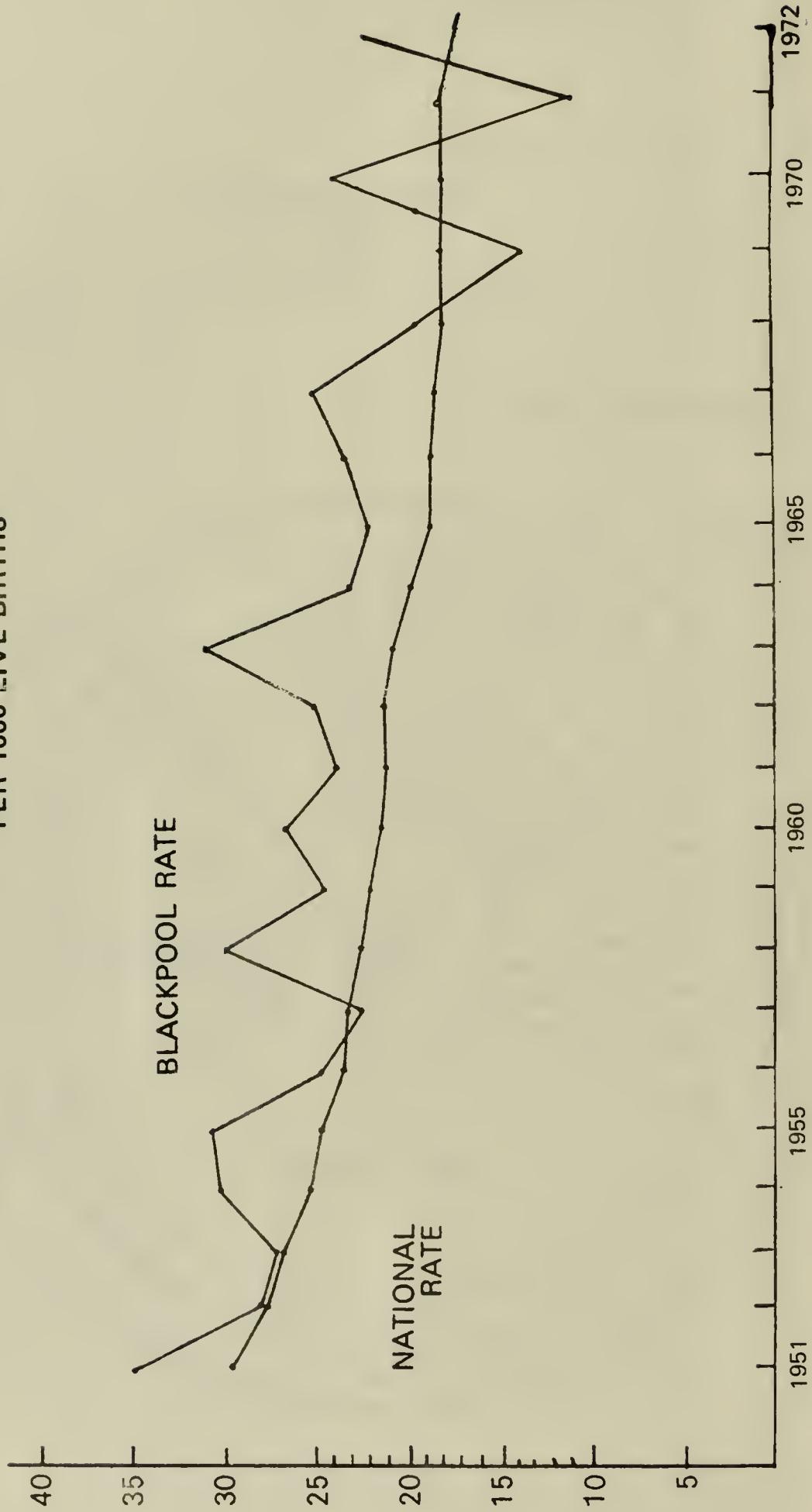
Cause of death	Sex	All Ages	Under 4 wks.	& under 1 year	Age in years								
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
Diabetes Mellitus	M	10	—	—	—	—	—	—	—	—	1	8	1
	F	18	—	—	—	—	—	—	—	1	2	3	12
Avitaminoses etc.	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	1	1
Other Endocrine, Etc. Diseases ...	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
Anaemias	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	9	—	—	—	—	—	—	—	—	—	2	7
Mental Disorders ...	M	6	—	—	—	—	—	—	—	—	—	2	8
	F	11	—	—	—	—	—	—	—	—	—	2	9
Meningitis	M	9	—	—	—	—	—	—	—	—	—	—	—
	F	6	—	—	—	—	—	—	—	—	1	—	—
Multiple Sclerosis...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	1	—
Other Diseases of Nervous System ...	M	7	—	—	1	—	—	—	—	—	1	—	5
	F	18	—	—	—	—	1	—	1	—	1	6	9
Chronic Rheumatic Heart Disease ...	M	6	—	—	—	—	—	—	1	—	—	3	2
	F	19	—	—	—	—	—	1	—	1	6	6	5
Hypertensive Disease	M	7	—	—	—	—	—	—	—	—	3	2	2
	F	14	—	—	—	—	—	—	—	—	3	2	9
Ischaemic Heart Disease	M	404	—	—	—	—	—	—	3	36	81	162	122
	F	319	—	—	—	—	—	—	3	7	35	86	188
Other Forms of Heart Disease ...	M	79	—	—	—	—	—	—	2	1	7	18	51
	F	97	—	—	—	—	1	—	—	—	4	21	71
Cerebrovascular Disease	M	160	—	—	—	—	—	—	3	6	17	58	76
	F	244	—	—	—	—	—	1	3	5	14	51	170
Other Diseases of Circulatory System	M	50	—	—	1	1	—	—	—	4	5	19	21
	F	58	—	—	—	—	—	1	1	—	4	16	36
Influenza	M	6	—	—	—	—	—	—	—	—	—	3	3
	F	4	—	—	—	—	—	—	—	1	1	—	2
Pneumonia ...	M	70	1	2	1	1	—	1	2	2	5	22	33
	F	69	1	1	—	—	1	—	—	1	4	16	45

Cause of death	Sex	All Ages	Under 4 wks.	& under 1 year	Age in years								
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+ 11
Bronchitis and Emphysema ...	M	113	—	—	—	—	—	—	1	3	19	43	471
	F	34	—	—	—	—	—	—	—	—	10	10	141
Asthma ...	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	4	—	—	—	—	—	—	—	—	—	3	11
Other Diseases of Respiratory System	M	21	—	2	2	1	1	—	—	—	3	4	81
	F	19	1	1	1	—	—	1	1	1	2	3	88
Peptic Ulcer ...	M	7	—	—	—	—	—	—	—	1	1	4	11
	F	4	—	—	—	—	—	—	—	—	—	—	44
Appendicitis ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	11
Intestinal Obstruction and Hernia ...	M	3	—	—	—	—	—	—	—	—	—	1	22
	F	4	1	—	—	—	—	—	—	—	1	1	11
Cirrhosis of Liver ...	M	6	—	—	—	1	—	—	2	2	1	—	—
	F	3	—	—	—	—	—	—	—	1	1	—	11
Other Diseases of Digestive System ...	M	14	—	—	—	—	—	—	1	—	3	7	33
	F	14	—	—	—	—	—	—	—	—	1	3	108
Nephritis and Nephrosis ...	M	4	—	—	—	—	—	—	—	—	2	2	—
	F	5	—	—	—	—	—	—	—	1	1	—	3
Hyperplasia of Prostate ...	M	8	—	—	—	—	—	—	—	—	1	2	55
	F	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases, Genito-Urinary System ...	M	5	—	—	—	—	—	—	—	—	—	—	55
	F	8	—	—	—	—	—	—	—	1	—	1	66
Diseases of Musculo-Skeletal System ...	M	2	—	—	—	—	—	—	—	—	—	1	—
	F	19	—	—	—	—	—	—	—	1	1	5	122
Congenital Anomalies ...	M	5	2	—	1	1	—	—	—	1	—	—	—
	F	7	1	—	1	—	—	—	—	—	1	1	—
Birth Injury, Difficult Labour, etc. ...	M	5	5	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality	M	5	5	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Symptoms and Ill Defined Conditions	M	11	—	—	—	—	—	—	—	—	1	2	83
	F	34	—	1	—	—	—	—	—	—	1	—	311
Motor Vehicle Accidents ...	M	11	—	—	—	2	3	1	—	2	—	—	31
	F	3	—	—	—	—	—	—	—	—	1	1	11
All Other Accidents	M	16	—	—	—	—	1	2	1	3	—	2	7
	F	33	1	—	—	—	—	—	—	1	—	2	—
Suicide and Self-Inflicted Injuries ...	M	7	—	—	—	—	—	2	—	1	2	—	21
	F	5	—	—	—	—	1	—	—	1	2	—	1
All Other External Causes ...	M	7	—	—	—	—	—	1	1	2	—	3	—
	F	5	—	—	—	—	—	1	1	2	1	—	—
TOTAL ALL CAUSES ...	M	1,333	11	4	6	8	7	11	20	88	217	481	480
	F	1,364	14	4	2	—	4	6	16	45	167	344	762

Deaths from Principal Causes
Rate per 1,000 population
and
Percentage of Total Deaths (Outer Circle)



INFANT MORTALITY RATES
PER 1000 LIVE BIRTHS



DEATHS

There were 2,697 deaths in 1972 compared with 2,543 in 1971 and 2,715 in 1970. This comprises 1,287 males and 1,256 females. Of every 100 people dying in 1972 there were 4 under 45 years of age, 19 between 45 and 64 years of age, 31 between 65 and 74 and 46 aged 75 and over. The number of deaths from each of the four leading causes were: (1971 figures in brackets).

Diseases of the heart	...	...	...	...	...	...	945	(906)
Cancer (all forms)	...	...	...	...	...	...	538	(514)
Vascular lesions of central nervous system	...	...	...	...	...	...	404	(383)
Diseases of respiratory system	...	...	...	...	...	...	341	(290)

The deaths from lung cancer were 140, 8 more than in 1971. Of these 109 were males.

Violent causes accounted for 87 deaths, including 14 in motor vehicle accidents and 12 as a result of suicide.

Coronary Heart Disease. 723 deaths were recorded from this disease during 1972, this being 23 more than in 1971. Deaths and rate per 1,000 population are shown below.

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
No. of deaths	527	517	607	578	570	614	730	697	721	700	723
Rate per 1,000 population	3.48	3.42	4.04	3.84	3.76	4.05	4.94	4.15	4.81	4.67	4.82

Tuberculosis. There were four deaths attributed to this cause during 1972.

Cancer. A slight increase in the number of deaths due to Cancer from 514 in 1971 to 538 in 1972 was recorded. The following chart shows the number of deaths with site of disease over the last 10 years.

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Lung and Bronchus	83	134	121	103	127	146	108	130	132	140
Stomach	...	61	68	56	76	54	59	62	60	46
Breast	...	43	42	39	39	54	46	34	48	51
Uterus	...	22	23	21	27	24	22	21	13	17
Leukaemia	...	7	12	11	9	8	11	19	15	17
Other Sites	...	227	207	221	205	213	237	269	256	253
		443	486	469	459	480	521	513	522	514
Rate per 1,000 population										
Blackpool		3.93	3.24	3.12	3.03	3.17	3.53	3.50	3.48	3.43
Rate per 1,000 population										
England and Wales		2.17	2.21	2.23	2.28	2.28	2.32	2.35	2.39	2.45

Suicides. 12 suicides were recorded in 1972, 7 male and 5 female — this total being 2 more than in 1971. Eight of the suicides concerned people of 45 years of age and over.

Maternal Mortality. There were no maternal deaths during 1972, 3 such deaths having been recorded during the past 11 years.

Infant Mortality. 33 children died under the age of one year during 1972, and this compares unfavourably with the total of 19 during 1971. A rate of 21.19 per 1,000 live births is thus recorded as against 11.17 in 1971. The national figure is now 17.

Neo-Natal Mortality. There were 25 deaths during the first month of life — 19 during the first week. This again compares unfavourably with the 1971 figures when 14 deaths occurred during the first week. The rate per 1,000 live births for Neo-natal and early Neo-natal is thus 16.06 and 12.20. For comparison the national figures are 12 and 10 respectively.

Peri-natal Mortality Rate

The Peri-natal mortality rate (stillbirths and deaths under one week) combined per 1,000 total live and stillbirths shows an increase from 21.45 in 1971 to 23.49.

Cause of Death	Died in					
	1st Week	2nd Week	3rd Week	4th Week	4th Week +	Total
Pulmonary Atelectasis	5	—	—	—	—	5
Prematurity	3	—	—	—	—	3
Broncho-Pneumonia	—	—	—	—	2	2
Aspiration-Pneumonia	1	—	—	1	—	2
Congenital Malformations	2	—	—	1	1	4
Uraemia due to plastic kidneys ...	1	—	—	—	—	1
Hyaline membrane disease	1	—	—	—	—	1
Hepatoma	—	—	—	—	1	1
Respiratory Distress Syndrome ...	3	—	—	—	2	5
Asphyxia Neonatorum	3	—	—	—	—	3
Acute tracheo-bronchitis	—	—	1	—	3	4
Sudden death in infancy syndrome	—	—	—	—	1	1
Accident	1	—	—	—	—	1
TOTALS	20	—	1	2	10	33

Comparative Statistics

The following table affords a comparison between the statistics of previous years, so far as they are available, with those under the year of review.

PERIOD	Birth Rates (Crude)				Death Rates (Crude)								Lung Cancer
	Total Live Births	Still Births	Illegitimate Live Births		Total	Infantile	Neo- Natal	Peri- Natal	Maternal	Tuber- culosis	Cancer (All types)		
	per 1,000 popula- tion	per 1,000 total births	per 1,000 of total popula- tion	per cent. of total live births	per 1,000 popula- tion	per 1,000 live births	per 1,000 live births	per 1,000 live and still births	per 1,000 total births	per 1,000 popula- tion	per 1,000 popula- tion	per 1,000 popula- tion	
1886-1890	25.2	—	—	—	15.3	144.2	—	—	—	—	—	—	—
1891-1895	23.9	—	—	—	15.3	168.2	—	—	—	—	—	—	—
1896-1900	26.5	—	—	—	14.4	159.9	—	—	—	—	—	.67	—
1901-1905	22.3	—	1.3	—	12.9	138.4	—	—	—	—	—	.93	—
1906-1910	17.4	—	1.2	—	12.2	115.4	—	—	—	—	—	.88	—
1911-1915	15.6	—	1.3	—	14.0	115.7	—	—	—	—	.91	1.3	—
1916-1920	12.7	—	1.4	—	14.7	88.8	—	—	—	—	1.0	1.6	—
1921-1925	15.0	—	1.3	—	14.3	73.3	—	—	6.6	.88	1.7	—	—
1926-1930	11.8	—	.93	—	13.7	66.2	—	—	5.7	.76	1.8	—	—
1931-1935	10.5	53.5	.76	—	14.2	63.6	—	—	6.0	.71	2.0	—	—
1936	..	10.8	55.2	.62	15.6	63.0	—	—	4.6	.63	2.1	—	—
1937	..	10.3	66.9	.64	16.6	57.7	—	—	3.1	.62	2.2	—	—
1938	..	10.9	42.5	.63	14.6	47.2	—	—	4.7	.59	2.3	—	—
1939	..	10.6	39.5	.78	14.8	53.5	—	—	2.6	.58	2.1	—	—
1940	..	9.4	40.4	.69	15.4	63.0	—	—	7.1	.49	1.7	—	—
1941	..	11.5	36.1	.97	15.5	56.8	—	—	2.0	.62	2.3	—	—
1942	..	12.7	36.9	1.3	13.8	68.4	—	—	4.8	.49	1.9	—	—
1943	..	12.5	30.3	1.2	14.8	62.6	—	—	2.5	.55	2.2	—	—
1944	..	13.8	33.7	1.4	14.3	41.3	—	—	3.8	.53	2.2	—	—
1945	..	12.5	29.1	1.7	14.8	37.8	—	—	2.6	.5	2.3	—	—
1946	..	13.7	28.2	1.3	13.8	37.8	—	—	2.8	.53	2.2	—	—
1947	..	15.2	27.1	.98	14.6	43.4	—	—	2.1	.53	2.1	—	—
1948	..	13.3	29.0	1.1	13.8	36.3	—	—	1.9	.47	2.2	—	—
1949	..	12.2	31.4	.88	15.1	25.8	—	—	1.1	.45	2.4	—	—
1950	..	11.3	28.7	.73	15.7	37.8	24.8	—	1.7	.30	2.4	—	—
1951	..	11.1	31.7	.86	18.3	35.2	24.7	—	1.2	.34	2.6	—	—

PERIOD	Birth Rates (Crude)				Death Rates (Crude)							Lung Cancer
	Total Live Births	Still Births	Illegitimate Live Births		Total	Infantile	Neo- Natal	Peri- Natal	Maternal	Tuber- culosis	Cancer (All types)	
	per 1,000 popula- tion	per 1,000 total births	per 1,000 of total popula- tion	per cent. of total live births	per 1,000 popula- tion	per 1,000 live births	per 1,000 live births	per 1,000 live and still births	per 1,000 total births	per 1,000 popula- tion	per 1,000 popula- tion	
1952 ..	10.9	29.0	.68	—	15.4	28.0	19.3	—	.6	.30	2.6	—
1953 ..	11.0	27.6	.91	—	14.3	27.2	22.2	—	.6	.16	2.5	—
1954 ..	10.8	32.2	.84	—	16.1	30.1	23.2	—	.6	.30	2.6	—
1955 ..	10.8	26.4	.86	—	16.0	30.3	25.3	—	—	.21	2.8	0.42
1956 ..	11.7	28.8	1.02	8.7	16.4	24.9	18.0	—	.6	.21	2.7	0.55
1957 ..	11.7	26.2	.79	6.7	16.1	22.8	16.4	—	—	.16	2.8	0.57
1958 ..	11.7	27.2	.85	7.3	16.9	29.6	23.1	—	1.15	.18	3.1	0.64
1959 ..	12.1	23.0	.87	7.2	16.6	24.8	17.2	38.8	—	.11	2.7	0.46
1960 ..	12.9	15.4	1.1	8.5	16.8	26.9	20.5	32.9	—	.13	2.9	0.70
1961 ..	12.5	23.4	1.2	9.4	17.2	23.9	15.4	35.8	1.04	.19	3.1	0.65
1962 ..	13.2	24.0	1.4	10.3	17.6	25.1	18.0	38.7	—	.09	3.2	0.65
1963 ..	13.7	17.5	1.5	1.1	16.9	31.4	19.8	33.7	—	.16	2.9	0.55
1964 ..	13.8	18.5	1.6	11.6	17.5	23.2	15.8	32.3	—	.07	3.24	0.89
1965 ..	13.11	18.95	1.6	12.17	17.3	22.31	16.22	32.32	—	.07	3.12	0.80
1966 ..	12.85	12.19	1.77	13.83	17.28	23.65	17.47	25.71	0.51	.03	3.03	0.68
1967 ..	12.84	22.0	1.7	13.52	17.26	25.0	16.44	38.19	—	.03	3.17	0.84
1968 ..	12.5	12.75	1.79	14.20	18.59	20.44	15.06	26.56	—	.10	3.53	0.99
1969 ..	12.27	13.16	1.81	14.77	18.65	13.88	9.44	21.38	0.55	0.5	3.50	0.74
1970 ..	11.58	14.96	1.68	14.51	18.10	23.61	16.13	28.92	0.55	—	3.48	0.87
1971 ..	11.36	14.11	1.75	15.40	16.97	11.17	8.23	21.45	—	.05	3.43	0.88
1972 ..	10.38	11.56	1.76	16.96	17.98	21.19	16.06	23.49	—	.03	3.59	0.93

INFECTIOUS DISEASES AND EPIDEMIOLOGY

Once again the level of infectious disease in the community has been low. It is pleasing to know that diphtheria, poliomyelitis and encephalitis are once again absent from the list. Only two cases of poliomyelitis have occurred in the past 14 years, and the last diphtheria notification was in 1950. It is also worthy of comment that whooping cough, once so common, had no recorded cases in 1972.

Blackpool has maintained its good record once again with regard to food poisoning and enteric notifications, and this is particularly satisfying in view of the considerable amount of catering required locally to supply the holiday trade during the summer months.

There were 935 notifications of measles, this showing no significant reduction on either 1970 or 1968. However, the programme of vaccination has now been in operation since 1968, and a considerable number of the group 3-4 years must now have received protection, and one can only assume that a reduction in notifications should follow in the near future.

Cases notified, admission to hospital and age periods of cases are shown in the following tables, which also show notifications year by year from 1955 for comparison purposes.

Disease	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Scarlet Fever	137	159	73	126	187	163	95	36	39	72	73	66	35	9	51	49	17	24
Whooping Cough ..	93	281	76	44	92	159	22	8	36	109	17	36	69	29	10	16	25	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	932	82	3,096	276	1,498	775	900	1,050	987	932	509	1,455	438	945	149	919	221	935
Acute Men Ingitis ..	5	8	6	4	6	4	—	4	—	1	2	2	6	—	—	4	3	5
Poliomyelitis ..	8	14	4	8	—	—	—	1	—	—	—	1	—	—	—	—	—	—
Encephalitis ..	—	—	3	1	3	1	2	1	—	4	—	1	—	—	—	—	—	—
Dysentery ..	817	206	84	50	62	79	55	159	43	7	420	10	43	191	63	11	—	4
Ophthalmia Neonatorum ..	17	33	30	47	37	18	16	7	18	9	1	—	—	1	—	1	—	—
Enteric Fever/ Paratyphoid B Fever ..	—	—	2	3	1	—	2	—	—	4	231	—	—	2	1	—	—	—
Food Poisoning ..	29	24	92	14	101	39	13	8	31	32	22	13	31	4	18	34	11	20
Infective Hepatitis ..	—	—	—	—	—	—	—	—	—	—	—	—	58	87	26	13	—	10
Malaria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—

Disease	Cor- rected Notifi- cations	Ad- mitted to Hospi- tal	AGE PERIOD Corrected Notification									
			Under 1	1 to 2	3 to 4	5 to 9	10 to 14	15 to 24	25 to 34	35 to 44	45 to 64	65 and over
Scarlet Fever	24	—	—	1	7	13	2	1	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Measles	935	3	40	169	289	431	2	2	2	—	—	—
Acute Meningitis	5	5	—	1	—	1	1	2	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	4	—	—	—	—	—	1	—	1	1	1	—
Ophthalmia Neonatorum ..	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever/Para B	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	20	—	1	1	—	—	1	5	5	2	4	1
Infective Jaundice	10	8	—	—	—	1	2	2	2	1	1	1
Malaria	—	—	—	—	—	—	—	—	—	—	—	—

FOOD POISONING

General Outbreaks. There were no general outbreaks of food poisoning during the year.

Sporadic and Family Outbreaks. There was one family outbreak involving two cases, and eleven sporadic cases, the causative agents being *Salmonella heidelberg* (6), *Salmonella agona* (3), and *Salmonella Typhimurium* (4).

TUBERCULOSIS

Incidence. During the year 38 cases of tuberculosis were notified; 36 respiratory and 2 non-respiratory were primary notifications.

The following table classifies the primary notifications of tuberculosis according to age group.

Age Periods	Primary Notifications			
	Respiratory		Non-Respiratory	
	Male	Female	Male	Female
0—	—	—	—	—
1—	—	—	1	—
2—	2	1	—	—
5—	5	2	—	—
10—	1	1	—	—
20—	1	3	—	—
25—	3	—	—	—
35—	2	1	1	—
45—	2	4	—	—
55—	5	2	—	—
65—	1	—	—	—
75—	—	—	—	—
TOTALS	...	22	14	2

The following table which summarises the notifications register shows the number of patients at the end of 1971, the fluctuation of patients during the year 1972 and the number remaining at the end.

Type and sex of case		Remaining on Register 31.12.71	Notificet'ns (from all sources)	Died	Recovered	Transferred	Lost	Altered Diegnosis:	Remaining on Register
Respiratory Tuberculosis	M	290	22	10	16	2	—	—	285
	F	161	14	1	12	1	—	—	161
Non-Respiratory Tuberculosis	M	34	2	—	5	1	—	—	30
	F	40	—	—	1	—	—	—	39
TOTALS		525	38	11	34	4	—	—	515

Chest Clinic. This clinic, administered by the Blackpool and Fylde Hospital Management Committee, is now held at the Victoria Hospital at the following times:—

Monday	9-30 a.m. - 11-30 a.m.
	2-30 p.m. - 4-30 p.m.
Tuesday	2-30 p.m. - 4-30 p.m.
Wednesday	9-30 a.m. - 11-30 a.m.
Thursday	9-30 a.m. - 11-30 a.m.
	2-30 p.m. - 4-30 p.m.
Friday	9-30 a.m. - 11-30 a.m.
	2-30 p.m. - 4-30 p.m.

Notifications for Respiratory Tuberculosis for Blackpool

Year	Notified	Transfers	Total
1957	33	17	50
1958	34	23	57
1959	46	34	80
1960	57	12	69
1961	78	15	93
1962	60	10	70
1963	44	13	57
1964	62	11	73
1965	59	3	62
1966	60	13	73
1967	40	15	55
1968	40	11	51
1969	40	6	46
1970	33	9	42
1971	28	1	29
1972	38	—	38

VENERAL DISEASE

The Veneral Disease Clinic is located at the rear of the Municipal Health Centre. This Clinic is under the control of the Blackpool and Fylde Hospital Management Committee, who have kindly furnished the following information :—

Clinic Sessions :

Males :	Wednesday	10-00 a.m. to 12 noon
	Monday and Thursday	4-45 p.m. to 6-30 p.m.
Females :	Thursday and Friday	10-00 a.m. to 12 noon
	Tuesday	4-45 p.m. to 6-30 p.m.

Dr. J. F. Mackay, the Consultant Venereologist, has kindly supplied the following figures :—

Local Authority Area	Number of Cases in Year			
	Syphilis	Gonorrhoea	Other Conditions	Total
Blackpool	9	201	977	1187
Lancashire C.C. ...	2	46	263	311
Others	—	4	18	22
TOTAL	11	251	1258	1520

The number of new cases reported each year over the past 10 years is shown below :—

1962	443
1963	619
1964	740
1965	864
1966	807
1967	866
1968	911
1969	988
1970	1302
1971	1366
1972	1520

Contract Tracing. This is generally acknowledged to be the most effective method of controlling the spread of gonorrhoea in the community, and it is almost entirely with cases of gonorrhoea that contact tracers are concerned. The work can be difficult and demanding, in that hostility and lack of co-operation can often be encountered when one is probing into this very intimate area of human relations.

Dr. J. F. Mackay, Consultant Venereologist, reports that there is little comment to make on the general situation of venereology in Blackpool, but has kindly supplied the following information with regard to contact tracing. When an infected patient knows his or her contact(s), they are given a "contact slip" to pass to the person(s) concerned, with a request that they should attend the clinic for examination and tests. If these contacts fail, or refuse to attend they are then followed up by a visit from the two contact tracing staff. In other cases where a contact is not really known an attempt is made to obtain descriptions, habitual haunts, places of contact, etc., with a view to tracing and persuading them to attend the clinic.

Health Education Measures. Whilst recognising the great importance of health education in combating the spread of venereal disease, it has not been possible to do any planned work in this direction during the year. However, the Health Department has continued to include V.D. in the programme of health education given to various senior schools in the town.

The posters warning of the dangers involved and giving the address and times of the nearest Special Treatment Clinic are displayed in Public Conveniences, and also in some Public Houses in the town. In an effort to combat damage or defacement to such posters, a supply of "indestructable" posters in laminated plastic was obtained some years ago, but surprisingly even these suffered damage and constant replacement would seem to be the only answer.

There is a great need to extend health education in V.D. much wider, to include all senior schoolchildren and as many adults as possible; such an undertaking would, however, demand more resources both in personnel and materials than the department possesses at present. It is one more example of the value of a health education officer, which the department has been trying to establish for some years now.

HEALTH CENTRES

There are at present no Health Centres in the County Borough of Blackpool. Four are, however, included in the Capital Programme, including two in 1973/74. At the end of 1972, negotiations with a group of general practitioners for the construction of a Health Centre in Lytham Road were at an advanced stage and it is anticipated that building will commence in the second half of 1973.

Section 22 — Care of Mothers and Young Children

Six Local Authority Clinics situate in various parts of the town serve the mother and young child.

Abbey Road Clinic)	
Bispham Clinic	)	Purpose built
Hawes Side Clinic)	
Layton Clinic)	

Health Centre Clinic—Converted Hospital ward — meets majority of requirements.

Mereside Clinic — Converted Church into combined clinic/library.
Insufficient space to be totally satisfactory.

The tables below show details of attendances at the six clinics :—

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	Abbey Rd.	Total
Children born 1972							
First Visits	141 (73)	223 (272)	127 (129)	146 (178)	48 (62)	139 (162)	824 (886)
Re-Visits	1430 (1244)	1351 (1746)	1047 (1193)	1091 (1367)	454 (421)	1095 (1067)	6462 (1038)
Total Visits							
Children born 1971	954 (1046)	1251 (1299)	905 (1196)	1299 (1311)	435 (800)	909 (979)	5753 (6631)
1970/67	77 (156)	245 (302)	171 (215)	207 (188)	339 (179)	159 (135)	1198 (1175)
No. of Sessions per year	102 (100)	98 (99)	100 (96)	52 (52)	48 (50)	46 (48)	446 (445)
Average attendances per Session ..	25.5 (23.2)	31.4 (36.6)	22.5 (28.5)	52.8 (58.6)	26.6 (29.2)	50.0 (48.8)	31.9 (35.3)

Comparative figures for 1971 are shown in parenthesis. The total number of visits for 1972 was 14,243 compared with 15,730 in 1971 a decrease of 3.4 children per session to 31.9.

Ante-Natal Service. For several years the attendance figures at ante-natal clinics have continued to decline due to the increasing numbers of expectant mothers attending their own Medical Practitioner for ante-natal care. Once again the co-operation between the department, Glenroyd Maternity Hospital and Victoria Hospital has been excellent. The following table shows the attendances at the six clinics during the year:

ANTE-NATAL, 1972

Comparative figures for 1971 are shown in parenthesis.

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	Abbey Rd.	Total
First Visits	104 (122)	34 (41)	17 (38)	20 (15)	8 (11)	20 (13)	203 (240)
Total Visits	1030 (1118)	438 (574)	201 (191)	191 (271)	62 (100)	164 (199)	2086 (2458)
Number of Women Who attended during the year ...	163 (197)	53 (73)	28 (59)	35 (37)	9 (19)	25 (25)	313 (410)
Number of Clinic Sessions	47 (48)	51 (50)	50 (49)	49 (50)	18 (24)	49 (47)	264 (268)
Average attendance per session	21.9 (23.3)	8.6 (11.5)	4.4 (4.8)	3.9 (5.4)	3.4 (4.1)	3.3 (4.2)	7.9 (9.17)

Post-Natal Service. Attendances at post-natal clinics have also continued to decline for some years. Post-natal clinics are now held only when required following ante-natal sessions.

A Doctor of the Blackpool & Fylde Hospital Management Committee attends the post-natal clinic at the Municipal Health Centre, a proportion of his salary being met by this authority for these services.

The following table shows attendances at post-natal clinics during the year.

POST-NATAL, 1972

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	Abbey Rd.	Total
First Visits	101 (137)	18 (32)	13 (8)	5 (5)	— (5)	4 (4)	141 (191)
Total Visits	101 (138)	18 (33)	13 (8)	5 (5)	— (5)	4 (4)	141 (193)
Number of clinic sessions per year	39 (42)	15 (18)	8 (5)	5 (5)	— (5)	4 (4)	(71) (79)
Average attendance per session	2.6 (3.3)	1.2 (1.8)	1.6 (1.6)	1.0 (1.0)	— (1.0)	1.0 (1.0)	2.0 (2.4)

Comparative figures for 1971 are shown in parenthesis.

WELFARE FOODS

Tables below show sales made during the year together with comparative figures of previous years.

	National Dried Milk	Cod Liver Oil	Vitamins	Orange Juice	Vitamin Drops	Proprietary Brands Welfare Foods
1972	3,966	*151	1,441	*3,552	4,765	30,936
1971	3,529	1,162	1,372	25,503	2,294	28,304
1970	4,644	1,342	1,470	25,982		29,729
1969	6,212	1,455	1,266	25,717		36,292
1968	9,691	1,553	1,049	23,042		37,153
1967	12,632	1,694	1,146	22,679		37,878
1966	17,394	1,661	1,128	23,182		38,704
1965	20,443	1,865	1,322	23,516		41,144

* Cod Liver Oil and Orange Juice discontinued.

Proprietary Foods. The following foods are available at all Infant Welfare Clinics; selection of the type of milk or food is normally the mother's choice, excepting where the Medical Officer in attendance at the clinic feels that the infant would benefit from a certain type of milk or food. Their direction is normally accepted by the mother who continues to feed the baby accordingly until otherwise advised.

The list shows the unit sales during the year:—

Baby Rice	...	...	...	...	...	69
Bovril	...	...	...	...	...	151
Carnation Instant Breakfast Food	...	...	...	...	...	507
Carnation Milk	...	...	...	...	...	805
Complan	...	...	...	...	...	96
Cow & Gate Chocolate Milk	...	...	...	...	...	114
Cow & Gate, Full Cream	...	...	...	...	2,839	
Cow & Gate, Half Cream	...	...	...	...	...	6
Eye Droppers	...	...	...	...	...	31
Farex 3 Cereal	...	...	...	...	...	153
Heinz Dinner for One	...	...	...	...	...	485
High Protein Cereal	...	...	...	...	...	167
Horlicks	...	...	...	...	...	392
Liga 3 way Food	...	...	...	...	...	2,534
Malt & Oil	...	...	...	...	...	123
Marmite	...	...	...	...	...	756
Mixed Cereal	...	...	...	...	...	141
Ostermilk No. 2	...	...	...	...	...	2,900
Golden Ostermilk	...	...	...	...	...	420
Optrex Orange Juice	...	...	...	...	...	4,564
Ovaltine	...	...	...	...	...	228
Ovaltine Rusks	...	...	...	...	...	220
Robsoup	...	...	...	...	...	1,597
Robsweet	...	...	...	...	...	1,439
Rose Hip Syrup	...	...	...	...	...	1,954
Scotts Cereal	...	...	...	...	...	—
S.M.A.	...	...	...	...	...	1,225
Stage II Savouries	...	...	...	...	...	36
Stage II Sweets	...	...	...	...	...	42
Trufood	...	...	...	...	...	6,746
Virol	...	...	...	...	...	179
Vits. A and D, Liquid	...	...	...	...	...	17

30,936

Confinements in Hospital and Admission to Hospital on Social Grounds.

The Council continue to loan the clinic premises at the Municipal Health Centre to the Blackpool and Fylde Hospital Management Committee, who hold, on Friday morning of each week, a special ante-natal booking clinic for those expectant mothers who wish to have their confinement in Glenroyd Maternity Hospital. This clinic is attended by the Consultant Obstetrician to the Hospital Management Committee.

Usually all first confinements are booked but other cases are assessed according to their medical and obstetrical needs. Those considered suitable for home confinements are referred to the Health Department and visited by the district midwife, who, if she feels that the home conditions are satisfactory, books the case. Should the home environment be unsuitable a report to that effect is forwarded to the Glenroyd Maternity Hospital and the patient is invariably allocated a bed in the hospital. In certain cases expectant mothers are booked for confinement in Glenroyd but for discharge home shortly after confinement to the care of the domiciliary midwife.

Congenital Malformations

Congenital defects apparent at birth, continue to be reported by the Glenroyd Maternity Hospital, Victoria Hospital, St. Annes Hospital and the domiciliary midwives. Any malformation observable at the time of birth is notified to the Health Department on the Statutory notification of birth, and is described as accurately as is possible at the time. In the case of stillbirths notified to the Department, information is requested from the Blackpool Victoria Hospital Pathological Department for the findings of the post mortem examination.

These cases are coded according to the type of malformation, and a return giving identity numbers (not names) is submitted each month to the Department of Health. On receipt of a notification of birth reporting a congenital malformation, the information is transferred to a wallet folder which is passed to the Medical Officer of the District concerned. These folders are filed separately at the area clinics to enable the Medical Officers to keep the children under surveillance.

During 1972, 34 babies were found to be suffering from congenital defects.

A system of keeping a check on the children "at risk" is in operation. Every child considered to be "at risk" whether as a result of the notification by the Maternity Hospital, the Health Visitors report, or the findings of the Medical Officer in the Department, has a card made out in the central office. These are colour signalled according to the month of birth, and an appointment is made for the child to be seen by a Medical Officer at six and twelve months of age, and subsequently at two, three and four years of age, unless it is considered to be no longer "at risk", or is transferred to the Register of Physically and Mentally Handicapped Children. Non-attenders are followed up by a further appointment, and, where necessary, by a visit from the health Visitor.

PHYSIOTHERAPY

The Physiotherapy Department is continuing to operate with its full establishment of 4 staff, 3 full time and two part time senior physiotherapists.

The latest addition to the services provided has been the new Geriatric Clinic at Layton. The work at this clinic has expanded during the year, and we have had new equipment to enable us to deal with this.

We are fortunate in having had part of the Physiotherapy Department at the Health Centre modernised, decorated and re-equipped with more up to date apparatus, with the result that what has always been a very gloomy department, is now bright and cheerful. We are now looking forward to having the rest of the work on the Sunlight Department completed.

The Ante-natal classes and Stork Clubs continue to operate with their usual enthusiasm, and are well attended; the expectant mothers deriving as much enjoyment as benefit from them.

The majority of work, however, is in the child welfare field, and as well as treating many children in the various clinics, a great deal of work is done at the Special Schools in the area, namely Park, Woodlands and Highfurlong.

The following table shows treatment given during the year.

	Geriatric	Adults	Expectant Mothers	Children under 5	School Children
Artificial Sunlight	15	48	—	462	2877
Remedial Exercises	76	—	1871	125	4444
Radiant Heat	—	—	—	—	50
Massage	—	—	—	77	34
Other Treatment	294	4	—	159	1,200

Phenylketonuria

Phenylketonuria (PKU) is a hereditary inborn error of metabolism, occurring once in about 10,000 births, in which the amino acid phenylalanine accumulates in the blood. The normal blood phenylalanine level is about 1-2 mg. per cent. In the first few days of life the level may rise slightly but it quickly becomes stabilised. In P.K.U. the level continues to rise and may reach 50-100 mg. per cent in a short time, if the level reaches 15 mg. per cent phenylpyruvic acid, a derivative of phenylalanine, usually appears in the urine.

A highly phenylalanine level in the blood leads to impairment of the nervous system, and irreversible brain damage can occur in a matter of weeks. The condition is treated by keeping the patient on a low phenylalanine diet, and it has been shown that if this diet is started early enough, before clinical signs of P.K.U. are evident, the child's development is virtually normal and mental retardation is prevented.

All blood samples are taken by midwives. The babies still in hospital on the tenth day have their blood samples taken by hospital staff, and those in the community by the District Midwife. Samples are then sent to the Pendlebury Children's Hospital. During the year 1,526 tests were carried out and no positive cases were detected.

FAMILY PLANNING

The Family Planning services in Blackpool are operated by the South West Lancashire Branch of the Family Planning Association, acting as agents for the Corporation, and they have submitted the following report for the year 1972.

We are now agents for the Health Department's Family Planning Services under the Association's Scheme No. 6.

In 1972 the publicity caused by Government action over a proposed National Family Planning policy has brought women to our clinics in increasing numbers, mainly women whose motivation to practise family planning is easily encouraged by reminders of the need to space siblings and control population growth.

Unhappily, the problems of the very young and of social groups 4 and 5 are still with us.

With the first group — the young — there is a desperate need to have a local health education policy to help halt the tide of youngsters coming for pregnancy tests, and finding out too late about birth control. These are our own local children, not nameless women from elsewhere, and in some respects it could be said that we are failing them.

For the second group, we do not have the traumas of terminations — somehow these babies are accepted into the family, but some people consider that their chances in life are less favourable than average, with a greater risk or being neglected.

We launched a domiciliary service in October and twelve cases were seen by Doctor and Nurse. Some success has been achieved, but even with this service and the increasing number of women receiving free advice and supplies, the group is poorly represented in our numbers.

It has been suggested that we have more evening clinics, but in this group the women are out at work, daytime and evenings. It is not income as such which puts a family in this group, it is almost entirely a question of priorities, and family planning is low on the list. An example of this is seen at our Mereside Clinic. Excellently staffed and equipped, but spending fruitless time waiting for the women with problems we know about, and who do not appear and are never in for domiciliary visits.

How much more can we do to make our services available! Next year we are launching a scheme to send our nurses into the maternity wards.

New patients passing through our clinics in 1972 were 1,200. On average about 200 women attend our clinics each week. Approximately 10,000 attendances per year. An increase of 1,500 over 1971.

Mereside Clinic, Wednesday morning ... average 4 patients per week

Layton Clinic, Friday morning average 15 patients per week

Abbey Road Clinic,
South Shore, Wednesday morning ... average 20 patients per week

Health Centre,
Blackpool, Tues., Wed., Thurs. ... average 150 patients per week
Over 1,000 cervical smears were taken.

Our work at Layton and Mereside is almost wholly for cases referred by local authority and family doctors. At South Shore and the Health Centre about one-third of our cases are referred.

The question of finding a surgeon available for evening clinics has held up the introduction of a Vasectomy Service.

1973 will be a "mark time" year as we come slowly towards our much anticipated goal of a National Family Planning Service.

Our present staff hope to keep the clinics working efficiently under the increased pressure of numbers, until such time as they are absorbed into the National Health pattern.

There is much hard work yet to do, as there will always be, to keep family and human needs balanced with the country's ability to cope with its population growth.

Locally we enjoy excellent co-operation from the Health Department staff, and greatly rely on this to maintain present working and hand over an efficient service in 1974/75.

MATERNITY AND CHILD WELFARE DENTAL SERVICE

The Chief Dental Officer obtained the services of a Dental Auxiliary in the latter part of the year to increase his staff of one Dental Officer and two part-time Dental Officers. He has been very impressed by her ability to treat very young children and it is felt she will be a great help in the drive to provide more dental care for pre-school children. Whereas the Dental Officers can each devote only a small part of their time to this service owing to the overwhelming demand of the School Dental Service we are prepared to allow the Auxiliary to concentrate as large a part of her time on Child Welfare Dental Service as proves necessary.

The result of this drive is the very satisfactory increase of over 200% in the number of teeth filled for pre-school children compared with the previous year. It is hoped this is the beginning of a snowballing process as more and more mothers become aware that their children are welcome at our clinics from the age of three.

There has also been a considerable increase in the amount of dental treatment provided for expectant and nursing mothers and this confirms the wisdom of discontinuing the weekly dental inspections at one of the ante-natal clinics since such better results are being achieved without them.

The continuing rapid development of the M. & C.W. Dental Service deserves our thanks to all concerned.

Numbers Provided with Dental Care

Expectant and Nursing Mothers Children Under Five	Number Examined	Number who required treatment	Number who commenced treatment
		4 61	4 39	2 3

Forms of Dental Treatment Provided

	Scalings and Gum Treat- ment	Fillings	Emer- gency Visits	Crowns or Inlays	Extrac- tions	General Anaes- thetics	Dentures Provided		Radio- graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers Children Under Five	4 13	20 35	— 7	— —	— 58	— 30	— —	1 —	1 —

Number of sessions devoted to M. & C.W. patients:—

For Treatment ... 10 For Health Education ... Nil

REVIEW OF THE COMMUNITY NURSING SERVICES

1972 was a year of change for the Community Nursing Services. Some of these changes took place as a result of the review of the nursing services which started in October 1971 and continued until May 1972.

During this time the working party, representing all grades of staff, continued to meet during the first five months of 1972. In all, the working party met eighteen times and all aspects of the work situation were discussed. Members of the O. & M. team were present at each meeting. At the same time, the O. & M. team worked with the staff in various exercises in an effort to assess the requisite number of staff and the appropriate grade to provide an adequate service. The end result of these exercises in terms of manpower requirements caused some uneasiness, because no allowance was made for emergencies or contingencies of any kind, and did not take into account schemes that were already being planned and which would have a direct effect on the workload of the field workers of all three sections of the service. Some of these schemes were to be put into operation during 1972.

A report was compiled by the Director of Nursing Services and the O. & M. Section, and was presented to and accepted by the Health Committee on 1st June, 1972. The recommendations accepted were to be implemented in three phases. The first phase, the revised management structure, to be introduced in September, 1972, together with some increase in staff. The second phase was to have been implemented in April, 1973, but has been delayed until November, 1973, and the last phase will come into operation no later than 1st February, 1974.

As a result, Miss Saunders, Superintendent Health Visitor, was redesignated Principal Nursing Officer, Health Visiting Service, and Miss Ireland, Superintendent of District Nurses, became Principal Nursing Officer, District Nursing Service, but retained responsibility for Midwifery as the Non-Medical Supervisor of Midwives.

Six Nursing Officers were appointed and these appointments absorbed the post of Deputy Superintendent of District Nurses and the two Group Adviser posts of the Health Visiting Service. The role of some district nurses as Team Leaders was discontinued. Some Clinic Nurses were regraded as School Nurses, and Bathing Attendants became Nursing Auxiliaries.

It is interesting to note that the organisation and methods exercise indicated that by February, 1974, the establishment should be:—

33 Health Visitors = 1 Health Visitor — 4,500 population.
56 District Nurses = 1 District Nurse — 2,680 population.

whereas in February 1972, the Department of Health and Social Security in Circular 13/72 recommended that in areas with a highly developed system of attachment to general practice or with a high proportion of elderly and/or disabled people in the population, the desired ratio of staff to population, exclusive of ancillary staff should be:—

1 Health Visitor — 3,000 population.
1 District Nurse — 2,500 population.

It can be seen from this that while the establishment for District Nurses is somewhat adequate, the establishment of the Health Visiting Section is one third under that recommended by the Department of Health and Social Security.

It will be some time before the effects of these changes become apparent, and the Director of Nursing Services is very appreciative of the co-operation and willingness of all members of the Community Nursing Services to make the new structure a working partnership. She is especially appreciative of the help and support given by Miss Saunders and Miss Ireland throughout this exercise.

Community Nursing Option for Student Nurses

In July 1972, as a part of their training, student nurses from the Victoria Hospital came out into the Community Nursing Services for six weeks. This requirement for Community Experience was laid down in the General Nursing Council Syllabus of Training for Student Nurses in 1969, and had been planned during the previous year. In the main the student nurses come into the community as "pure students" and do not undertake any specific area of work on their own.

It was originally planned that a pilot scheme of four courses should be carried out and if successful should continue with the subsequent appointment of a Community Tutor.

By the end of 1972, 3 groups of 6 students had participated in these courses.

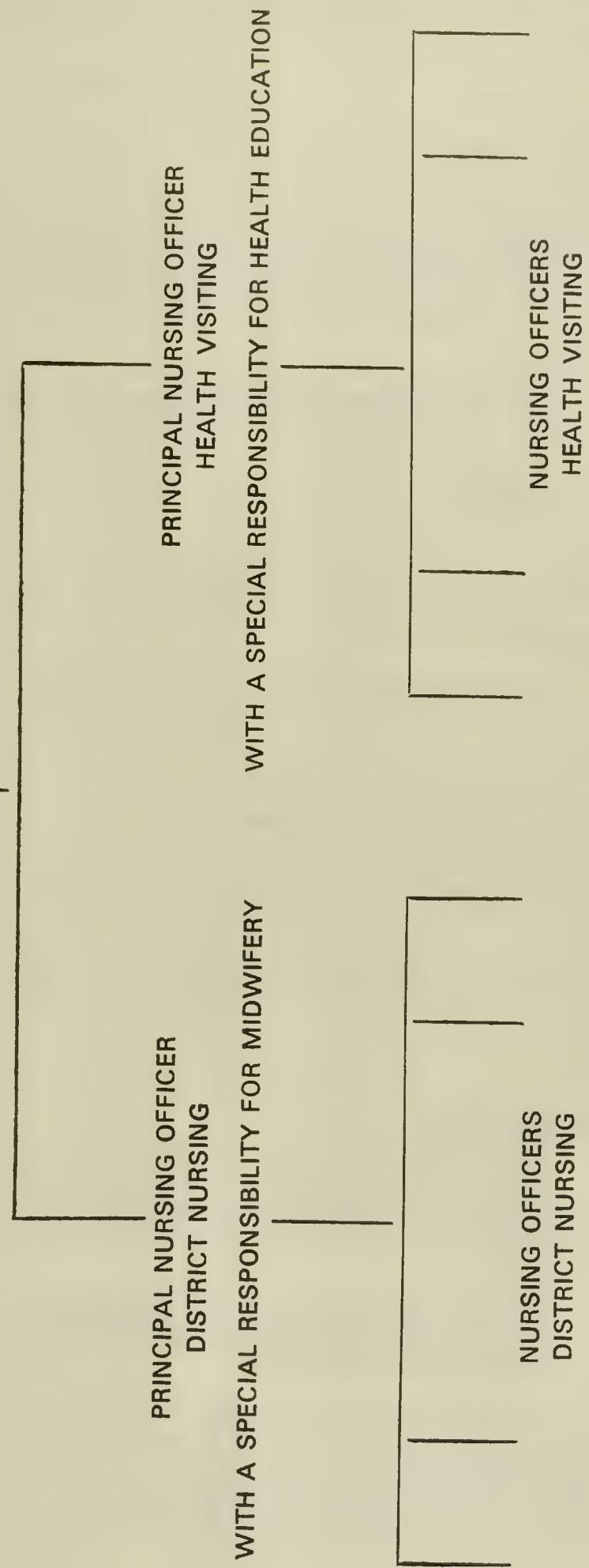
Integration Courses

Also during 1972, in preparation for the Reorganisation of the National Health Service, many members of the Community Nursing Services attended integration courses at the Blackpool College of Technology and at St. Annes.

The Director of Nursing Services, together with the Medical Officer of Health and the Chief Administrative Officer, was involved with the tutorial staff in planning these courses and in giving talks on the work of the Community Services.

COMMUNITY NURSING SERVICES — MANAGEMENT STRUCTURE

DIRECTOR OF NURSING SERVICES



Section 23 — Midwifery

Babies continue to arrive but each year fewer are born at home. The domiciliary midwives carry on wondering what the future holds. Even with 1974 and integration looming nearer, their future is still uncertain. The staffing position did improve and at the end of 1972 six full-time midwives (four of whom were approved district teachers) were in post, plus two part-time midwives.

It has been possible to arrange off duty with fewer nights on call, and this has been appreciated by the midwives.

Domiciliary midwives, together with their colleagues, attended the integration courses.

Deliveries

62 patients were delivered at home against 127 for the previous year.

Early Discharges from Hospital

These were slightly less than the previous year, 1,133 against 1,152. The breakdown was as follows:—

Discharged 2nd day	—	133
Discharged 3rd-7th day	—	585
Discharged 8+ days	—	415

Hospital Liaison

Close contact with Glenroyd Maternity Hospital continues. The midwives visit daily on a rota basis on weekdays and telephone the hospital at weekends. This ensures continuity of patient care for those discharged before the 10th day.

So far it has not been found necessary to arrange liaison with Victoria Hospital, because of the length of stay of patients and the close co-operation with the Maternity Ward Sister.

In the future it is anticipated that arrangements will be made for the domiciliary midwives to deliver, in hospital, some of the cases booked by the General Practitioner. In preparation for this, arrangements were made for the midwives to spend approximately one week in Glenroyd to familiarise themselves with the hospital, and to forge a closer working link between the hospital and community nursing services.

Scriver Tests

These are taken by the midwife on the 10th day. Many patients are discharged on the 9th day, which means one visit from the midwife for a puerperium visit and Scriver test. The number of visits after the 10th day for repeat Scriver tests or those delayed at Bank Holidays when the Laboratory is closed was 163. This was considerably less than the previous year, due to improved techniques at the Laboratory and fewer requests for repeats are necessary.

Investigations

Investigations regarding suitability for home confinement or early discharge were 565 against 583 for the previous year. It is noticeable that less requests are received for suitability for home confinement.

Student Training

Nine student midwives completed training during the year.

The midwives were involved in providing the Community Nursing Experience for student nurses at the Victoria Hospital.

Charted below are details of premature live and still births in the borough.

Weight at birth	Premature live births											
	Born in hospital				Born at home or in a nursing home				Transferred to hospital on or before 28th day			
	Total births		Died		Total births		Died		Total births		Died	Born
	Total	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days
2 lb. 3 oz. or less	4	2	1	—	—	—	—	—	—	—	—	2
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	19	7	—	1	—	—	—	—	—	—	—	4
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	13	3	1	—	—	—	—	—	—	—	—	1
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	23	—	—	—	—	—	—	—	—	—	—	1
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	45	—	—	—	—	—	—	—	—	—	—	1
Total ..	104	12	2	1	—	—	—	—	—	—	—	9

Section 24 — The Health Visiting Service

Review of the Health Visiting Service

Although there was an increase of one Nursing Officer to the Health Visiting Section, this year has been one of hard work with little hope of relief in the near future.

There are now three Nursing Officers in post. Miss Holden and Mrs. Brookes were regraded Nursing Officers and Miss Hickman was appointed in September 1972, and we hope that she will be happy in her new post. A fourth Nursing Officer will be appointed in November 1973.

The results of the reorganisation and methods survey were somewhat disappointing, in that it was thought that the exercise would highlight those areas of work that are not being covered satisfactorily at present, and could be delegated by the Health Visitor to a lesser qualified person than the Health Visitor. The survey did show that a certain proportion of the Health Visitor's time was taken up with clerical duties, and in agreement with the members of the working party and the Director of Nursing Services, it was accepted that clerical assistance be made available to the Health Visitors, together with the use of recording machines. It was planned that this recommendation be implemented in April 1973, but this, together with the whole of the second phase, will now be delayed until November 1973. This news came as a great disappointment to the Health Visiting staff, who had hoped for this valuable assistance as soon as possible. The recommendation of clerical assistance had been adopted instead of an increase in the Health Visiting establishment because:—

- (a) It made better use of the expertise of the Health Visitor; and
- (b) at that time recruitment to the Health Visiting Service was slow.

It is important to draw attention again to the Department of Health and Social Security Circular 13/27, where it is stated that the recommended establishment of one Health Visitor to 3,000 population should not include ancillary staff.

Attendance at Integration Courses

In preparation for the reorganisation of the National Health Service in 1974, several Health Visitors together with other members of the local authority nursing service have attended integration courses, and the exchange of information with colleagues from hospital fields has been of great value to all. Participation in these courses places a heavier strain on the service, but it is considered a worthwhile exercise in light of the value of this exchange of information about each other's work.

There has been little change in the attachment of Health Visitors to general medical practice. As stated in last year's report, many general practitioner's would like to develop their schemes further, but the present establishment of Health Visitors precludes this. Inevitably, as more and more the General Practitioner comes to appreciate the expertise of the Health Visitor, the work increases, and if the proposed Health Centres are built in the near future, some serious consideration will have to be given to substantial increase to the establishment, because it is nationally accepted that working in Health Centres greatly increases the work of all nursing staff.

Schools

There has been concern for some time that the School Health Service is not receiving the overall coverage that it enjoyed prior to attachment to general practice. As a result of the organisation and methods survey, a recommendation was made that four Clinic Nurses be regraded as School Nurses, and have responsibility for the routine work of a number of schools.

The Health Visitors still retain responsibility for dealing with problems which require their special training. This new system has only been in operation for a few months and some problems have been encountered, this is mainly due to the difficulty in programming the work on a regular basis. In this field of work from time to time an increase of work emerges, this may be due to additional groups to be covered, for example, a stepping up of the B.C.G. programme, Rubella immunisation, and the spasmodic outbreaks of infestation that seem to be prevalent throughout the country.

The problem of infestation appears to be responding to the new chemical which we started to use in 1971, but in order to carry out the treatment satisfactorily, the children are required to attend the various clinics where, as in the past, they have been treated at home with a special shampoo. Wherever possible, a home visit is made to parents advising them of the condition of the hair and the treatment required, but if a large number of cases are found at any one time, it is not possible to visit all the homes on the one day, and a special letter is sent by post.

The initial treatment carried out by the nursing staff still requires co-operation from parents by their continuing to make regular checks on the condition of their children's hair.

Health Visitor Training

1972 saw the completion of the first one-year course in Health Visiting at Harris College at Preston. It is hoped that the proximity of a course at this college will prove to be a great asset for the future, and enable the mature married woman who has home responsibilities to attend as a day student. Already it has been seen that more people are coming forward to take Health Visitor training in Blackpool, and an additional Field Work Instructor has been appointed to assist with the practical work training.

This year four students completed the Health Visitor training, but the resulting increase in staff was to some extent offset by a retirement and some younger members of staff leaving to increase their families.

At the time of writing, there is evidence to show that there is an increase in the number of people coming forward to take Health Visitor training.

Health Education

During the year we have purchased a new projector, but Health Education in schools remains very limited owing to insufficient staff and resources. The programme that is undertaken, however, is greatly appreciated by the teaching staff in schools.

Mothercraft classes were run throughout the year at all the clinics except Mereside. These clinics in the main were very well attended.

The second over-sixties clinic was started at Layton Clinic in July. This clinic and the one that has been in existence at the Health Centre since 1970, have proved to be very successful and very well attended. There is a programme of events planned for these two clinics, which includes various aspects of Health Education suitable for this age group.

Hospital Liaison

One of the strong links in the integrated service of the future will be the liaison schemes between the hospital and community. This year yet another link was forged when a liaison scheme was set into operation between Wesham Park Hospital and the Community Nursing Services of Blackpool County Borough and Lancashire County Council. Once a week a member of the Health Visiting staff visits the medical Social Worker at Wesham Park Hospital, and discusses the care the patient may require on discharge, other than the care to be provided by the District Nursing Service. This kind of liaison scheme should contribute to a wider understanding of the needs of the psychiatric and geriatric patients.

The liaison schemes now in operation are as follows:—

1. Paediatric liaison with Victoria Hospital.
2. Diabetic liaison with Victoria Hospital.
3. Liaison with Medical Social Workers at Victoria Hospital.
4. Ophthalmic liaison with Victoria Hospital.
5. Chest Clinic liaison with Victoria Hospital, and with Devonshire Road Hospital.
6. Maternity liaison scheme with Glenroyd Hospital.
7. Geriatric and psychiatric liaison with Wesham Park Hospital.

Community Nursing Option for Student Nurses

Since July 1972, 3 groups of 6 student nurses have come out from the Victoria Hospital as part of the general training. During the six weeks they spend with the Community Nursing Service $8\frac{1}{2}$ days approximately are spent with the Health Visitors.

Health Visitors enjoy having the students, but this new aspect of training slows down the work of those who assist with training. It is necessary for a member of staff to be present throughout the study day sessions each week. In addition the member of staff who takes the student on visits has to spend a great deal of time in discussion before and after each visit, in order that the student fully appreciates the role of the Health Visitor in relation to families she visits and the General Practitioner with whom she works.

Other Student Training

Throughout the year students from other disciplines have observed the work of the Health Visiting Section, these included Medical Students, trainee Hospital Administrators, and medical secretaries, etc.

Section 25 — Home Nursing

The beginning of 1972 saw a Working Party and O. & M. survey in progress to look at the present and future needs of the nursing service. This was completed in May and we awaited the final recommendations. When published in June this indicated a need for extra staff which was to be implemented in three stages.

Stage 1 — 1st September 1972. Three Nursing Officers appointed along the lines laid down in the Mayston Report. As previously stated Miss Clegg was already in post as Deputy Superintendent of District Nurses, and in October we welcomed Mrs. Eley and Mr. Whittle. Mr. Whittle had been a member of the field staff in the Borough.

Increase in Establishment

Three extra Enrolled Nurses were a welcome addition to the staff and were in post by October.

Nursing Auxiliaries — the existing 4 part-time Bathing Attendants were upgraded to Nursing Auxiliaries and their number increased to the equivalent of 8 part-time workers. This was a much needed addition and they were in post by December 1972.

It is hoped to implement Stage II in 1973 and Stage III early in 1974.

Student Nurses Community Option

In July the first group of student nurses started a six-week course of Community Experience. This meant at least two weeks were spent with the District Nursing Sister. Extra time was required for explanation, teaching and case discussion. Three groups of students received Community Experience up to the end of the year.

Other Student and Pupil Nurse Training

The nursing staff continue to take students and pupils on their rounds during training. This is only a very brief look at community care, but an interesting part of training.

Hospital Liaison

The Hospital Liaison Sister works full time and now spends two half days at Wesham Hospital and a half day at Devonshire Road Hospital. She also takes out the students during their community experience. The liaison scheme is proving a valuable link between community and hospital staff, and better communication means better patient care. During the year 1,693 patients were referred from hospital to community.

Visits

There was a slight decrease in home visits for the first time in many years — 145,223 against 146,081. The surgery treatments rose to 5,422 against 3,598, showing a very slight increase overall of 246 treatments.

It is thought that this is partially due to the fact that time had been spent at Working Party Meetings and in filling in self reporting forms during a period of the O. & M. Survey. In addition, the training of student nurses, time spent contacting general practitioners and attendance at integration courses have all meant less time with patients. It is hoped that the increase in staff will mean greater coverage of the work, but it is too early to assess this for 1972, as the figures shown cover the whole year.

The extra Nursing Auxiliaries are trying to cope with the still-increasing demand for baths. Much of this work is undertaken by the Enrolled Nurse and Male Nurse. With the opening of more residential homes and facilities for day care, requests are received to have these people up and dressed by the time the ambulance calls between 9 and 10 a.m. This means an early start on some days for the Nursing Auxiliaries.

It has become apparent in the latter months of the year that there is still a need for more Nursing Auxiliaries. Male staff are required, but financially they are better off in hospital. Will integration end this problem?

Evening Rota System

This could be expanded if more staff were available. The bulk of the work so far is injections between 8 p.m. and 10 p.m. Some work would be better done between 6 p.m. and 8 p.m., but it is impossible to commence this without adequate cover every night and in cases of staff sickness.

G.P. Attachment

This has now been in operation for two complete years. Staff working for a group of general practitioners find it very satisfactory. It is, however, difficult for staff working with a group of single practices. Travelling, even in a borough, becomes tiring, and there are parking problems during the holiday season. Much time is spent visiting or 'phoning several G.P.s twice daily. Some afternoons it is not unusual for one Nursing Sister to contact eight general practitioners. In assessing workloads, this is the equivalent of 6 visits to patients.

District Nurse Training

Mrs. Hague, Mrs. Hall and Mrs. McClelland successfully completed District Nurse training.

Integration Courses

The above five-day courses have been held at the College of Technology during the year. The purpose is to prepare hospital and local authority staff of all grades for reorganisation in 1974. Sixteen members of staff attended during the year.

The following tables show the number of patients attended and the respective number of visits made

Place where first treatment, during the year (by the home nurse) took place	Number of cases treated during year aged			
	Under 5 (1)	5 — 64 (2)	65 and over (3)	Total (4)
Patient's home	55	1,971	4,466	6,492
Health Centres	—	—	—	—
G.P.'s premises (excluding those in Health Centres)	122	844	668	1,634
Maternity and child health centres	—	2	—	2
Hospital	1	—	8	9
Residential Homes	—	3	103	106
Elsewhere	—	2	28	30
TOTAL	178	2,822	5,273	8,273

ANALYSIS OF VISITS DURING YEAR

	Under 5 years	5 — 64 years	Over 65	Total
Medical	136	23,473	89,029	112,638
Surgical	421	12,077	25,418	37,916
Maternal Complications	—	91	—	91
TOTAL	557	35,641	114,447	150,645

The table below gives details of injections carried out by the Home Nursing staff during 1972. An increase is recorded in the number of persons requiring injections, the total number being 281 more than in 1971. Injections given total 50,751, a decrease of 2,100 compared with 1971.

	Number of Patients visited	Number of Injections
Diabetics	501	11,659
Others	10,364	39,092
TOTAL	10,865	50,751

Section 26 — Immunisation & Vaccination

All categories of primary immunisation procedure remained at fairly constant levels during 1972. Reinforcing doses, however, were considerably reduced, particularly tetanus and poliomyelitis. This was due to the fact that the usual "school leaver" boosters were not carried out in secondary modern school due to the raising of the school leaving age. The figures for 1973 and successive years should return to normal levels.

The Department of Health and Social Security figures of community health immunisation and vaccination statistics indicate the following percentages in primary courses of vaccination.

	Blackpool	England & Wales
	%	%
Whooping Cough	68	79
Diphtheria	69	81
Poliomyelitis	63	80

There is little doubt that the actual percentages of vaccinations is higher. Some parents choose to have the primary course carried out by their own general practitioner, who may not always notify the local authority.

Probably the most important factor contributing to complacency on the part of the public is that Blackpool has been fortunate in having no cases of serious infectious disease for some time. The last diphtheria notification was in 1950, and only two cases of poliomyelitis have occurred in the past fourteen years, so the public are gradually becoming less aware that any appreciable danger exists. It is doubtful if the popularity of immunisation can be increased in the absence of any outbreak of major infectious disease, although the "umbrella consent" system now in operation has undoubtedly helped to maintain present levels of protection. The health visitors will, no doubt, remain the most valuable personnel in impressing on the parents the value of prophylactic immunisation.

During 1972 the Department of Health and Social Security published their memorandum "Immunisation against Infectious Disease". Various developments have necessitated changes in the schedule of vaccination and immunisation procedures, and this authority has now implemented the suggested schedule shown below:

6th Month	...	1st D.P.T. + Oral Polio
8th Month (Preferably after interval of 6 to 8 weeks)	...	2nd D.P.T. + Oral Polio
12th Month. (Preferably after interval of 4 to 6 months)	...	3rd D.P.T. + Oral Polio
2nd Year of Life. (After interval of not less than 3 weeks)	...	Measles Vaccination
1st Year at School	...	Booster D.T. + Oral Polio
11 - 12 years	...	B.C.G. Vaccination
12 - 13 years	...	Rubella (German Measles)
15 - 16 years	...	Polio & Tetanus Booster

Type of vaccine or dose	Year of Birth					Others under aged 16	Total
	1972	1971	1970	1969	1965-1968		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	13	820	331	39	21	1	1225
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	7	5	10	77	12	111
5. Diphtheria	—	—	2	—	—	—	2
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	12	114	126
8. Salk	—	—	—	—	—	—	—
9. Sabin	13	840	355	56	121	21	1406
10. Measles	1	555	224	89	114	14	997
11. Rubella	—	—	—	—	—	757	757
12. Lines 1+2+3+4+5 (Diphtheria)	13	827	338	49	98	13	1338
13. Lines 1+2+3+6 (Whooping Cough)	13	820	331	39	21	1	1225
14. Lines 1+2+4+7 (Tetanus)	13	827	336	49	110	127	1462
15. Lines 1+8+9 (Polio)	13	840	355	56	121	21	1406

Table 1—Completed Primary Courses—Number of persons under age 16

Type of vaccine or dose	Year of Birth					Others under aged 16	Total
	1972	1971	1970	1969	1965-1968		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	—	—	1	1	116	5	123
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	—	1	2	1245	12	1260
5. Diphtheria	—	—	—	—	7	1	8
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	1	1	2	534	538
8. Salk	—	—	—	—	—	—	—
9. Sabin	—	—	1	4	1444	511	1,960
10. Lines 1+2+3+4+5 (Diphtheria)	—	—	2	3	1368	18	1,391
11. Lines 1+2+3+6 (Whooping Cough)	—	—	1	1	116	5	123
12. Lines 1+2+4+7 (Tetanus)	—	—	3	4	1363	551	1,921
13. Lines 1+8+9 (Polio)	—	—	1	4	1444	511	1,960

Table 2—Reinforcing Doses—Number of persons under age 16

Apart from immunisation of children, the department carries out inoculations of adults and these are shown in Table 3; they are of two main types — namely holiday immunisations for persons planning to go abroad, and tetanus toxoid injections for persons who have sustained injury and attend the local authority clinics to complete primary course of immunisation against tetanus following the initial injection in hospital.

Table 3 — Adults

	Local Authority	General Practitioners
Smallpox	1,266	330
Cholera	167	—
Tetanus	1,662	262
Typhoid	28	—
TAB and Cholera	94	75

Section 27 — Ambulance Service

Staffing

There was no change in the total establishment during the year, the number of employed being:

1 Chief Ambulance Officer
5 Station Officers
1 Shift Leader
45 Ambulance Men

The Station Officers act, in rota, in the capacity of liaison officer between the staffs of the Ambulance Service and the Hospital Management Committee, with the Lancashire Ambulance Service paying a proportion of the salary.

46 of the staff have qualified for the proficiency certificate issued by the Ambulance Service Advisory Committee.

Training

10 staff attended the two-week basic training course, and one attended the six-week basic training course organised by Lancashire County Council at the Lancashire County Training School at Westleigh. Two men also attended the two-week refresher course.

In service training was introduced in 1972, and by the end of the year 18 men had completed a 40 hours training programme. The department is particularly fortunate in having 2 qualified Instructors in Mr. Young, Chief Ambulance Officer, and Mr. D. Lewis, Station Officer, who were able to organise and achieve this in service training programme.

Hospital experience was also introduced in accordance with L.H.A.L. 8/72, and there were 20 men who attended a 1-week course of hospital experience at Victoria Hospital.

Vehicles and Equipment

The following vehicles were in use in the Ambulance Service at the end of 1972:—

Ambulance:	Morris Diesel	...	...	...	7
	Austin Diesel	...	...	...	1
	B.M.C. Diesel	...	...	...	3
Dual Purpose:	Commer Diesel	...	...	...	6
	B.M.C. Diesel	...	...	...	3
Sitting Car	Peugeot 404 Estate	...	...	...	1

Entonox equipment was introduced in accordance with Circular 50/71 and has proved useful in the treatment of certain kinds of patient. Suction equipment is to be introduced early in 1973.

Oxygrenaire Unit

15 requests were made for this service during 1972, mainly in connection with the transfer of patients from Glenroyd Maternity Hospital to Victoria Hospital.

Flying Squad

19 requests were made for this emergency service during 1972, many being in the Lancashire County Area.

Major Incidents

One major incident was attended during the year, and this was a plane crash at Blackpool Airport. 5 Ambulances attended and 8 casualties were dealt with.

Two members of the Ambulance Service were commended by the Health Committee for their conduct under extremely dangerous conditions at an incident, which took place at the Blackpool Pleasure Beach.

Statistics

The following charts summarise the cases moved and the mileage travelled during 1972. Figures for 1971 are given for comparison.

		1971	1972
		Stretcher 439	Sitting 26,874
		Stretcher 312	Sitting 24,979
OUT PATIENTS "IN"			
OUT PATIENTS "OUT"	368	26,139	270
HOSPITAL ADMISSIONS	2,653	1,534	2,618
HOSPITAL DISCHARGES	1,340	5,771	1,499
HOSPITAL TRANSFERS	1,033	1,002	1,132
NURSING HOMES, CONVELESCENT HOMES ..	197	90	181
INFECTIOUS DISEASES	7	10	5
CHIROPODY	—	1,957	—
MIDWIVES	—	56	—
TRAINING CENTRES	—	30,558	—
EMERGENCIES	5,284	1,860	6,100
HOUSE TO HOUSE REMOVALS	63	45	91
ROOM TO ROOM REMOVALS	98	38	127
WARD TO WARD REMOVALS	39	15	31
TRAIN	6	28	2
MISCELLANEOUS	193	3,322	346
TOTAL PATIENTS CARRIED	11,720	99,299	11,714
			92,542

MILEAGE

	1971	1972
Ambulance	231,053	254,629
Dual Purpose	100,441	97,429
Cars	66,893	62,047
TOTAL	398,387	414,105

The costs of operating the Ambulance Service are as follows :—

Cost per person carried	£1.09
Cost per vehicle mile	£0.30

It is pleasing to note that the costs of providing the Blackpool Ambulance Service are one of the lowest of all the County Boroughs in the Country, reflecting no doubt the involvement in transporting trainees to the junior and adult training centres.

Section 28 — Prevention of Illness, Care and After Care

Loan of Equipment

Various items of sick-room equipment and apparatus are available on loan from the Department, and the St. John Ambulance Brigade also operates a Medical Comforts Section. The number of loans from the Department during 1972 was 621, an increase of 50 over 1971. A small loan charge is made and a deposit, which is refunded when the equipment is returned, is also required.

Loan of Equipment 1972

Article	Stock	Quarter Ending March	Quarter Ending June	Quarter Ending September	Quarter Ending December	Totals
Bed Pans	35	41	24	21	23	109
Bed Rests	32	19	23	17	22	81
Air Rings	13	11	13	6	6	36
Rubber Sheets	40	17	9	7	6	39
Invalid Chairs	27	4	19	15	9	47
Male Urinals	19	10	12	9	10	41
Female Urinals	8	3	2	—	1	6
Bed Cages	14	8	9	12	13	42
Commodes	30	6	13	9	22	50
Crutches	16 prs.	9	4	—	4	17
Enuresis Alarms	17	19	18	11	15	63
Feeding Cups	2	—	—	—	2	2
Walking Cradles	3	—	—	—	—	—
Pick-up Walking Aids	24	10	7	6	11	34
Three-legged Walking Sticks	17	6	13	10	8	37
Bed Boards	2	—	—	—	—	—
Pneumatic Toilet Seat Covers	2	—	—	—	—	—
Overhead Lifting Chains, Bed and Mattresses	2	—	—	—	—	—
Bed Pads	9	4	2	6	5	17
Bath Seats	1	—	—	—	—	—
TOTALS		167	168	129	157	621

Laundry Service

This service has continued to be of great benefit to the chronic sick and where adequate washing and drying facilities are lacking. Cases are referred by the District Nurses. Sheets are delivered and collected twice weekly, the soiled sheets being taken to Victoria Hospital to be laundered. The yearly figures are shown in the following table:

Year	No. of New Cases	Cases Continuing	Total Cases	Sheets Issued	Sheets Laundered
1967	42	10	52	5,222	4,535
1968	41	12	53	4,973	4,319
1969	31	6	37	4,146	3,695
1970	31	8	39	4,278	3,789
1971	28	8	36	5,050	4,670
1972	24	9	33	4,263	3,881

Tuberculosis

The number of primary notification increased from 29 in 1971 to 38 in 1972, thus indicating there are sources of infection, and the co-operation of all adults is important to bring about the end of this infection.

In 1971 in England and Wales there were over 1,400 deaths from all forms of Tuberculosis, illustrating that it is still a disease to be reckoned with and still causes more deaths per annum than any other infectious disease.

The department has one full-time Health Visitor whose main concern is the care and aftercare of Tuberculosis patients. As in previous years a close liaison with the Chest Clinic of the Blackpool & Fylde Hospital Management Committee was maintained, the Health Visitor acting as relief at the Chest Clinic during holiday periods.

Summarised below are figures showing visits made during the year in relation to tuberculosis work.

Home Visits

Respiratory		94
First Visits	...	94
Subsequent visits	...	240
Non-Respiratory		
First Visits	...	3
Subsequent visits	...	10
Contacts		
First Visits	...	74
Subsequent visits	...	23
Other Chest Conditions		
First Visits	...	15
Subsequent visits	...	11
Undiagnosed		
First Visits	...	—
Subsequent visits	...	—
Other visits	...	59
Non-access	...	137

Bacille Calmette Guerin Vaccination (B.C.G.)

Vaccination of Contacts. This work is carried out at the Chest Clinic, Victoria Hospital, who during the year skin tested 282 contacts, 194 proved negative, and 194 vaccinations were carried out.

Vaccination of School Children. Vaccination of older school children, 13/14 year age group, has continued and I give below the relevant figures:

No. offered B.C.G.	...	...	...	...	...	3,580
No. of consents	...	...	...	...	...	3,204
% of consents	...	...	...	...	...	89.5%
No. of Skin Tests	...	...	...	...	...	3,130
No. of positives	...	...	...	...	...	515
No. of negatives	...	...	...	...	...	2,300
No. vaccinated	...	...	...	...	...	2,350
No. of X-rays	...	...	...	...	...	...

In the case of children who are strong positive reactors, parents are advised that an X-ray of the chest is necessary, and this is carried out at the Chest Clinic.

Mass Miniature Radiography

A radiography unit of the Manchester Regional Hospital Board visited the town on two occasions in 1972, and details of X-rays are shown below:—

Type of Examinee		Males	Females	Total
Contacts	...	157	699	856
Industry/Offices	...	558	533	1,091
Persons in Contact with Children	...	3	108	111
General Public	...	17	20	37
		735	1,360	2,095

From these, one case of active tuberculosis was discovered.

Chiropody Service

During 1972 the Chiropody Service provided by the Department for the elderly and physically handicapped continued to expand to meet the ever-increasing demands made upon it. The service is very important, in that it not only relieves pain and discomfort, but helps to keep patients more mobile and thus better able to enjoy a fuller life. It is, therefore, considered a sound investment in that a more mobile retired population should make fewer demands on other statutory and voluntary services.

The service is organised for persons of retirement age, expectant mothers and registered disabled persons; a charge of 15p per person is made and Ambulance transport is available where considered necessary. The number of Chiropodists employed has been increased and by the end of the year there were three full-time and seven part-time Chiropodists working a total of 70 sessions per week at six clinics throughout the town. Eight patients receive an appointment for each session and the average attendance is between six and seven.

To maintain an efficient service it is considered that Chiropody patients should have an average of five appointments per year (i.e. every ten weeks). However, the increasing demands from new patients means that an average time between appointments is often as much as fifteen weeks in some parts of the town, and it seems likely therefore, that the need for additional Chiropody sessions will continue.

The figures below show the number of treatments given both at the clinics and in the patients' homes, in the past five years:—

	1972	1971	1970	1969	1968
1st visits (all clinics)	1,079	964	735	707	690
Revisits	11,883	11,576	9,771	8,455	6,998
Sessions held	1,761	1,722	1,475	1,301	1,116
Home visits	3,737	3,673	2,885	2,509	2,427

Over Sixties Clinic

There has been an Over Sixties Clinic at the Municipal Health Centre since November 1969 and this has proved to be particularly successful. It was therefore decided, following a request from the residents in the Layton area, to open a second Over Sixties Clinic at Layton during 1972.

The primary aim of the clinics is to medically examine people in this age group, particularly those enjoying the early years of retirement, to detect ill-health in its earliest stages so that appropriate action may be taken. The medical examination includes checking of vision, blood pressure, hearing, heart and chest. The clinic attenders are seen on an appointment system as this gives sufficient time for a doctor to carry out a full medical examination. Certain welfare foods are made available for purchase, i.e. Marmite, Horlicks, etc., and arrangements are made to provide speakers, films and demonstrations on a variety of relevant subjects. These have included talks from representatives of the British Red Cross, Blackpool and Fylde Society for the Deaf, cookery demonstrations by the Gas Board and the Blackpool College of Technology, demonstrations of floral art and talks by dieticians, occupational therapists and public health inspectors. At the clinics a doctor, health visitor, physiotherapist and clinic nurse are in attendance.

It is felt that these activities help to widen horizons, particularly for those who live alone, and provide valuable information of both official and voluntary organisations available locally.

Cervical Cytology

During 1972 the four clinics held each week by the local Health Authority were continued, and the Mereside Clinic was held monthly.

The total number of smears taken throughout the year was 1,508 — of which 305 were repeats of smears taken 3 to 5 years previously.

The number of patients attending has again fallen (1,678 smears taken in 1971), but the "pick up" rate is still high. There were 14 positive or suspicious smears this year, giving a rate of 9.3 per 1,000 — again a marked increase over last year, and in spite of the fact that fewer people came for the test. Six of these 14 patients had cone biopsies carried out, two of these showed carcinoma in situ, and in two others there was evidence of malignant invasion. Four smears reverted to normal without treatment. The remaining four smears showed mild changes, these are to be watched and repeated.

Statistics for 1972

Total number of smears taken	1,508
Number of 1st smears	1,203
Number of repeat smears	305
Number of Positive or Suspicious smears	14
% of Positive or Suspicious smears	0.93
Ratio of Positive or Suspicious smears	9.3 per 1,000

It is worrying that in spite of encouragement and repeated publicity, not one of the six women who needed a cone biopsy had ever had a smear test previously.

Again the ages of patients with Positive or Suspicious smears vary greatly — (of the 14 patients the youngest was 23, and the oldest 56) and shows the need to encourage women of all ages to have the test taken. The local authority policy in Blackpool of encouraging women of all ages to have the test will be continued, as the ages were as follows:—

6 patients requiring cone biopsies:—

32 43 44 47 48 56.

8 patients with suspicious smears:—

23 42 44 48 37 39 50 52.

(the last four reverted to normal)

The relation of positive findings to social class was much the same as in previous years:—

Social Class	1	2	3	4	5
Number with positive or suspicious smears	0	2	4	4	4

Relation to Parity

0	1	2	3	4	5	6	7
1	2	7	0	2	1	0	1

Other Pathology

309 complained of vaginal discharge

282 erosions

107 chronic cervicitis

65 trichomonas infections

47 monilial infections

62 uterine polyps

5 pruritis

2 vaginitis

2 fibroids

2 prolapse

We are very grateful for the liaison and co-operation from the Pathology and Gynaecology Departments of the Victoria Hospital, Blackpool.

Haemodialysis in the Home

Circular 2/68 gave local authorities the approval, under Section 28 of the National Health Service Act, 1946, to convert or adapt domestic premises for the purpose of installing artificial kidney machines for intermittent haemodialysis in the home.

The room chosen for the installation of a kidney machine needs to be 80 to 100 sq. ft. to accommodate a bed and the required equipment, a direct supply of hot and cold water to a Belfast sink. The walls and also the ceiling should be washable and the floor crack-free and covered in waterproof material. Adequate drainage is essential and may necessitate additional plumbing. There may also be a need for additional electrical wiring for the dialysar which requires a 30 amp supply. An extension alarm or warning bell is also considered necessary. The hospital authorities in addition to providing the kidney machine also pay for the installation and rental of a telephone.

There is provision under Section 28 for the authority to make charges for the provision of such alterations as may be required. The policy determined by this authority is that in deciding whether there should be any re-payment, regard should be made to the financial circumstances of the patient, and to whether the house value would be improved. If financial circumstances so justify, a negotiated contribution by the Corporation is considered appropriate or — in cases of improvement of house value — an interest free loan. Where the house did not lend itself to suitable adaptations or where the owner would not agree to them being carried out, the family in question could be re-housed in a suitable municipal dwelling.

Following requests from the Medical Director of the Artificial Kidney Unit at Withington Hospital, Manchester, this authority have adapted two homes for this purpose. Unfortunately, both of the patients subsequently died. Two further adaptations were in progress at the end of 1972.

Medical Examinations

Examination for Corporation Employment

It is the policy of this Authority that all persons obtaining employment within the Corporation, whether Technical, Clerical, Administrative or Manual (with certain exceptions in the cases of seasonal employees) are required to pass a medical examination. This includes both full and part-time employees. In addition to a medical examination certain categories of employee, including Nursing Staff, Teaching Staff, School Meal Workers, Home Helps, Day Nursery Staff and others whose employment brings them into regular contact with children are required to have an X-ray examination.

Long Term Sickness

It is also Council policy that the Medical Officer of Health be informed of any Corporation employee who is absent from duty for a period of six weeks or more due to sickness or injury. The Medical Officer of Health then decides whether a medical examination is necessary, having regard to the circumstances of the case.

During 1972, 2,260 medical examinations on Corporation employees were carried out and the results are analysed on Page ??

Epilepsy and Driving

The Motor Vehicle (Driving Licences) Regulation, 1970, enabled certain persons suffering from Epilepsy to hold a driving licence, providing they could satisfy certain specified medical requirements.

Thirty-five cases were referred by the Licencing Authority to the Medical Officer of Health during 1972. Of these, thirteen cases had been assessed previously, and were referred for an annual review. After contacting the General Practitioners concerned, and after consideration of all the available medical evidence, appropriate reports were sent to the Licencing Authority on each case.

Examination of Fylde Water Board Staff

Widal tests and bacteriological examination of faeces and urine specimens were carried out on 14 new employees appointed to the staff of the Fylde Water Board. Negative results were received in respect of all these tests.

Medical Examinations of Teaching Staff

Student teachers are required to have a medical examination for entry to the Colleges of Education and during the year 149 such medicals were completed. In addition 23 examinations were performed in respect of entrants to the teaching profession. X-ray examinations are carried out when a teacher commences duty for the first time (as part of the medical examination) or where a teacher is taking up a new post in Blackpool. Teachers already employed by the authority are informed of visits of the mass miniature radiography unit.

Medical Examinations of Children in Care and for Adoption

A weekly session is held at which "into" or "out of" care medical examinations are carried out. Should any urgent cases arise it is usually possible to absorb them into the normal routine clinics. One Medical Officer in Department is involved in carrying out all these examinations and the doctor also attends the Social Services (Special Cases) Sub-Committee which meets every five weeks. During 1972, 186 such examinations were carried out.

In addition the Medical Officer in Department also carries out medical examinations for adoption, gives advice to the Social Services Department, and is responsible for acquiring any other medical information which may be required. If further medical opinion is necessary the child is referred to the Consultant Paediatrician. During 1972, 35 medical examinations in connection with adoption were carried out.

	FIT					UNFIT		
	Unconditional	Too old for Superannuation	For Part Time Only	Temporary	To resume or continue	For Employment	Permanent Ill-health	To resume Normal Duties
All Departments ...	742	7	—	22	88	9	45	222
Airport ...	12	1	—	—	1	—	—	1
Baths ...	17	—	—	1	3	—	—	1
Blind ...	1	—	—	—	—	—	—	—
Children's ...	—	—	—	—	—	—	—	—
Cleansing ...	61	2	—	2	5	2	7	26
Education ...	236	3	—	9	18	2	8	46
Electrical Services	12	—	—	—	1	—	—	3
Fire ...	18	—	—	—	2	—	—	—
Health ...	35	—	—	—	11	—	2	9
Highways ...	38	—	—	3	9	—	8	52
Libraries ...	12	—	—	—	—	—	—	—
Magistrates ...	2	—	—	—	—	—	—	—
Parks ...	33	—	—	2	4	1	2	12
Police ...	—	—	—	—	14	—	—	1
Publicity ...	3	—	—	—	—	—	—	—
Surveyors ...	—	—	—	—	—	—	—	—
Transport ...	57	—	—	1	15	2	13	49
Treasury ...	26	—	—	—	—	—	1	1
Town Clerk ...	23	—	—	—	1	—	—	2
Weights & measures	—	—	—	—	—	—	—	—
Welfare & Social Services ...	115	1	—	2	4	2	4	17
Zoological Gardens	31	—	—	—	—	—	—	2

HIS CHART SHOWS THE STATE OF FITNESS OF ALL PEOPLE EXAMINED ACCORDING TO DEPARTMENT

Cremations

The Medical Officer of Health, Deputy and one Assistant Medical Officer are authorised under the Cremation Act to issue certificates giving permission to cremate. Applications to cremate at the Blackpool Crematorium numbered 2,292. Of these 1,346 were in respect of Blackpool residents.

There was an increase of 219 as compared with last year, with an increase of 222 so far as Blackpool residents were concerned.

The table below shows the trend of applications for cremation over the past six years:—

	1972	1971	1970	1969	1968	1967
All applicants	2,292	2,073	2,154	2,120	2,124	1,978
Blackpool residents ...	1,346	1,124	1,287	1,298	1,291	1,208

The number of burials shows an increase of 30 on 1971:—

1972 ...	...	...	...	...	...	...	641
1971 .....	.....	.....	.....	.....	.....	.....	611
1970 .....	.....	.....	.....	.....	.....	.....	665
1969 .....	.....	.....	.....	.....	.....	.....	629
1968 .....	.....	.....	.....	.....	.....	.....	744
1967 .....	.....	.....	.....	.....	.....	.....	711
1966 .....	.....	.....	.....	.....	.....	.....	765

MEDICAL ARRANGEMENTS FOR LONG STAY IMMIGRANTS

When immigrants, both aliens and Commonwealth citizens, settle in this country they are often ignorant of the scope and arrangements of the National Health Service. Some come from countries where they have been particularly subject to the risk of Tuberculosis.

Under the arrangements outlined in Circular 1/65, Medical Inspectors at Ports of entry forward information about long stay immigrants who give addresses within this Borough. Medical Officers in Department visit and give general information about the Health Service and encourage them to register themselves and their dependents with Medical Practitioners, with a view particularly to chest X-rays where appropriate.

During 1972 29 advice notes were received from Ports and Airports and 18 of these were contacted by Medical Officers in Department. The main problem of contacting the immigrants was that often they did not report to the address shown on the advice note. Most of the immigrants were Chinese, to service the growing number of Chinese restaurants in the town. Among the difficulties encountered is the language barrier, which often makes it difficult to communicate with the immigrants, who in some cases give the impression they do not wish to understand.

PUBLIC HEALTH ACT, 1936 — REGISTRATION OF NURSING HOMES

There was no additional registration of a Nursing Home within the meaning of the above act, and the Nursing Homes Act, 1963, during 1972. One Nursing Home, however, was granted permission to increase the number of beds following some extensions to the home. Periodic inspection of all registered homes was carried out by Medical Officers of the department. A list of the Nursing Homes with the number of beds is shown below:—

	No. of Beds	
	Maternity	Others
Northwood Nursing Home, 19 King Edward Avenue, Blackpool	—	20
Ascot Nursing Home, 13 Luton Road, Anchorholme	—	14
Inglehurst Nursing Home, 129 Newton Drive, Blackpool	—	26
St. Terese's Nursing Home, 188 Norbreck Road, Norbreck ...	—	12
Convent Nursing Home, 575 Lytham Road, Blackpool	—	80
Cleveland Nursing Home, 32 King George Ave., Blackpool	—	14
New Victoria Nursing Home, 137 Hornby Road, Blackpool ...	—	17
Oliveen Nursing Home, 108 Bloomfield Road, Blackpool ...	—	15
Fylde House of Help, 141 Hornby Road, Blackpool	14	—
TOTAL	14	198

Agencies for the Supply of Nurses. During 1972 there were no applications for registration under the Nurses' Agencies Act, 1957, and there are no such registrations in Blackpool.

HEALTH EDUCATION

There is no specific officer responsible for Health Education, although representations have been made over the past few years to the Establishment Committee in an attempt to establish a post of Health Education Officer. Health Education is, therefore, shared between officers of different disciplines, although the majority of the work is undertaken by the Health Visitors, with one of the nursing officers acting as co-ordinator.

Weekly mothercraft classes are now held at five clinics throughout the year and continue to prove popular and informative.

The Geriatric Clinics provide the opportunity for Health Education and the programme during 1972 included talks by Physiotherapists, Public Health Inspectors, dietitians, occupational therapists and cookery demonstrations by the Gas Board and the Blackpool College of Technology. A more detailed report of the activities of the Geriatric Clinics are given on page 63.

A once weekly session on Child Care was held at St. Cathrine's Secondary Modern School, preparing the girls for the Certificate of the National Association for Maternal and Child Welfare. Weekly talks on Health Education subjects were also given to Tyldesley and Claremont Secondary Modern Schools and to Arnold Boys' School. A talk on personal hygiene was given to the mothers of school entrants at Layton Infants School.

The purchase of a new Bell and Howell 16 mm sound projector helped considerably in the programme.

The Administrative Assistant acts as Home Safety Officer and Secretary to the Home Safety Committee and a detailed report on their Health Education activities is contained on page 71.

HOME SAFETY

Home safety in the town is organised by Blackpool Home Safety Committee composed of representatives from the Local Council, Electricity Board, Gas Board, Fire, Police and Social Services Department representatives. An Administrative Assistant in the Health Department also acts as Home Safety Officer and assists the Committee where required.

The Committee concentrates its efforts on an attempt to educate the public in an attempt to make them aware of the dangers that can exist and how they can be avoided. Talks and film shows are given to organisations such as Boy Scouts, Young Wives' Associations, Old Age Pensioners Associations and School Children.

The Committee were particularly anxious to talk to such organisations connected with the age groups most at risk, which are the under 5's and the over 65's. Competitions organised amongst Scout Groups were popular and had encouraging results.

Emphasis is always placed on the more common types of accidents which include:—

FALLS	Anyone can have a fall, but elderly people have more serious falls than other age groups, because their bones are more brittle and their powers of recovery less than those of younger people.
BURNS	Burns are often caused by contact with an unguarded fire and can result in death in severe cases or injury requiring years of plastic surgery. Even less serious cases can cause disfigurement.
SCALDS	The most frequent victims here are younger children where the injuries are caused by pots and pans being overturned or hot water run into baths without cold water first. Again, in serious cases there can be damage to tissue and contraction of muscles can result.
POISONING	Here the main problem is of surplus medicines and tablets. Modern drugs and medicines are powerful and effective but can be lethal if misused or left within the reach of children.

Statistics prove that the groups most at risk are the under 5's and over 65's. This latter group is particularly worrying in the Blackpool area as over 20% of the population are in the 65-plus age group. The Committee therefore concentrates its activities in bringing to the attention of the older people the dangers that can exist, and a "Safety in Retirement" evening was held during the year. This proved very successful and was well attended with representatives from many old persons' organisations in the town. In 1973 it is hoped to arrange a further "Medicines with Care" campaign and "Danger House" exhibition.

FIRST AID SERVICE

The Health Department, as in previous years, continued to provide a First Aid service from the specially adapted First Aid Caravan situated on the Central Promenade during the summer months. The unit was open from the 26th May to the 14th October, and at the height of the season for seven days a week, ten hours per day.

The unit was staffed by two S.R.N.s, and the smooth running and economical provision of this First Aid service was undoubtedly due to their enthusiasm and efficiency, particularly Mrs. Jackson, who has operated the unit for some years now.

2,484 cases were treated and details are shown below:—

	%
Cuts and grazes	33.65
Foreign bodies in/injuries to eyes	10.62
Re-dressings	9.38
Abrasions	5.67
Sprains	4.75
Stings and Insect Bites	4.46
Infected wounds/septiciaemia	4.22
Bruises	2.45
Blisters	2.33
Trapped legs, fingers, etc.	1.61
Sunburn	1.61
Splinters	1.32
Burns	0.96
Injuries sustained through falls	0.93
Friction burns and blisters	0.93
Scalds	0.76
Miscellaneous	14.35

The above figures show that the main causes of mishaps on holiday are cuts and grazes (34%) and foreign bodies in the eye (11%). Beach shoes are obviously a sensible protection against sharp objects on the beach. The foreign bodies in the eye were chiefly caused by children throwing sand, and sea breezes whipping up dust and sand can add to this discomfort. Sunglasses are advisable in that they act as a shield as well as performing their normal function of protecting the eyes from glare.

PUBLIC HEALTH LONDON ACT, 1936

Public Swimming Baths

PUBLIC HEALTH ACT, 1936

The Baths General Manager has kindly furnished the following information :—

The Open Air Bath. Built 1923, maximum length 376 ft., maximum width 172 ft.; championship area 333 ft. x 75 ft.; capacity 1,600,000 gallons.; spectators accommodation 5,000; source of water supply—pumped from the sea through the 900 ft. x 8 in. intake pipeline, in an effort to obtain selective water, into a 500,000 gallons. settling tank. The water is allowed to settle for a pre-determined period of a minimum of 8 hours and is treated with a regulated dosage of chlorine, it is then filtered through four gravity-fed filters at a turn-over rate of approximately eight hours.

Derby Bath. Main Pool 50 m. x 55 ft.; capacity 485,000 gallons.; spectators accommodation 2,000; learners' pool 33 ft. x 33 ft.; capacity 17,000 gallons.; source of water supply—pumped from the sea into two settling tanks 120,000 gallons. capacity, prior to filtration; turn-over rate—main pool approximately three hours, learners' pool approximately two hours.

Remedial Section. The Remedial Section of the Derby Baths, work on which was suspended due to the outbreak of hostilities in 1939, now stands completed in a modified form. In the light of the changed circumstances of needs, ideas of planning, the availability of specialised equipment and improved techniques in building, considerable alterations to the original conception were made in consultation with the Baths General Manager and the Baths Committee to make this establishment unique in the range of facilities provided. There is space within the new section for future development if demand justifies.

The Ground floor comprising some 5,680 square feet of floor area provides the Warley Road Entrance with ticket office, telephones and lift and stairs up to the Gymnasium on the second floor.

Dressing Room. From the Entrance the patron enters the Cooling and Dressing Room area which provides 27 cubicles with reclining couches and wardrobes, where attendants will furnish hot towels, etc., appropriate to the treatment to be undertaken. This portion also includes some lounge area, facilities for refreshments, and toilet accommodation. From here, the patron will go to the treatment desired and return for rest, cooling and refreshment.

Facilities provided and administered by competent staff includes: Three authentic timber Sauna Baths of Finnish make, each of which will accommodate ten to fifteen persons a session.

Five marble shampoo and massage slabs with associated basins, scotch and vichy douches, provided with hot or cold, fresh or sea water. Two stainless steel Aeratone vessels, one of which is provided with hoisting and lowering gear for aiding disabled patrons. Two vapour rooms. Suite of three Turkish Rooms each progressively warmer. Three Bathrooms for hot, fresh and sea water baths, Luma pine and hydropathic treatment.

Provision is made in the cooling area for various electrical and infra-red treatments to be undertaken. In association with the foregoing there are ancillary showers, needle sprays and a small pool for total immersion. The

central core of the ground floor area is given over to staff rooms, toilets and storage.

Gymnasium. The Gymnasium (2,668 sq. ft.) providing facilities for approximately 32 patrons at one time, comprises a fully furnished hall 60 ft. long by 30 ft. wide, and ancillary Instructor's Room, Kit Store, Changing Accommodation, Showers and Toilets. Equipment is provided for Basketball, Indoor Football, Netball, Boxing and Badminton; the enthusiast will also find a Trapeze, a Trampoline, a Punch Ball, a Cycle Exerciser, a "Readson" Stimulator, and the usual facilities, for vaulting, climbing, swinging and other gymnastic activities.

Decor. The interior finishes on the ground floor include heated and illuminated ceilings, washable plastic fabric, timber or ceramic mosaics or tiles to walls, and resilient P.V.C. carpet, ceramic mosaics or tile floors. The Gymnasium end wall is tiled and the floor consists of maple strip. The exterior of the building is clad in a protected metal sheathing which replaced the original faience. The Engineering Services to serve the above installations comprise: A new boiler plant consisting of four Thompson Multi Pack type boilers, fitted with Hamworthy Rotary Cup Burners, has been installed, using 35 sec. Fuel Oil. The number two boiler house in the Remedial Section has now been converted for oil fuel storage, with associated calorifiers for heating circuits, for fresh and salt water lines and tanks at roof level for storage and head.

There are diving boards in the two above establishments of international standard type up to 10 metres.

Cocker Street Bath. 81 ft. x 24 ft.; capacity 60,000 gallons.; source of water supply—from the Sea Water Works, through our filtration plant; turn-over rate approximately five hours.

Lido Pool. 100 ft. x 40 ft.; capacity 150,000 gallons.; source of water supply—town-main supply (fresh water); turnover rate approximately 4½ hours.

Before entering the filters, in all the above establishments, the water is chemically treated with alumina and soda by means of open-type coagulation plants. The chlorine gas process admits of easy and accurate adjustments to meet the varying needs of the swimming pool, and we maintain the "Free Chlorine Content" to comply with the Ministry's standards for marginal chlorination 0.2 p.p.m. to 0.5 p.p.m. to ensure assurance control.

A special feature of the swimming bath water circulation system at the Derby Bath is the multiple inlets and outlets water withdrawal and distributing arrangement, which ensures pure water over the whole area of the bath.

New bath — Larkhill Street Site. The working drawings for this project have now been completed and it is hoped to commence building on October 1st with the completion date, eighteen months to two years, late Autumn 1975.

WATER SUPPLY

The Authority responsible for the water supply in Blackpool is the Fylde Water Board, and the Engineer of the Board has been good enough to furnish the following information:—

Water supplied to Blackpool is collected at two sources: (a) from water-sheds at Barnacre, and (b) at Stocks on the River Hodder, and is satisfactory in both quantity and quality. At both these head works, upland surface water is collected and stored in reservoirs. The watershed at Barnacre is free from human habitation and at Stocks the Fylde Water Board owns the watershed and controls all operations on it.

During the summer months the water from Barnacre was augmented by water pumped from a new borehole at Garstang, and the water from Stocks augmented by borehole water from Broughton. This water is excellent in quality but is somewhat harder than the upland water and the effect of this is shown in the chemical analyses set out later in this report.

Bacteriological examinations have been made throughout the year of both the raw water and treated water, and the results are as below :

Source of Sample	Number Examined	Av. No. of coliform organisms/100 mls.	Average No. of colonies growing in Yeastal Agar	
			in 2 days @ 37°C.	in 3 days @ 22°C.
RAW WATER				
Hodder	25	377	11
Barnacre	25	116	4
TREATED WATER				

Source of Sample	No. Examined	No. Free from Coliform Organisms	Satisfactory	Aerobic micro-organisms growing in Yeastal Agar	
				No. of Colonies per ml of water	
				in 2 days	in 3 days
HODDER SYSTEM					
Stocks supply via 27" main	52	52	100	1	2
Stocks supply via 35" main	52	52	100	2	9
Head Office, Warbreck Reservoir	75	75	100	1	14
BARNACRE SYSTEM					
Barnacre supply via 24" main	52	52	100	1	3
Barnacre supply via 12" and 15" main	52	52	100	1	1
Marton & Warbreck Tower & 108 Cornwall Avenue	51	51	100	2	10

The raw waters are liable to plumbosolvency, and in consequence they are treated with lime after coagulation and pressure filtration to a pH value which gives a positive Langelier index of corrosion. No lead has been found in samples examined.

No action has been necessary throughout the year, as no contamination has been encountered.

The level of fluoride in water supplied to the town is very low, i.e. less than 0.10 p.p.m. as F, and this is well below the optimum figure for the prevention of dental caries.

Fluoridation of Water Supply

The present position concerning the fluoridation of water supply in the area is that the County Borough of Blackpool approved in principle, in 1963 and 1965, the fluoridation of the water supply.

Water in the County Borough of Blackpool is supplied by the Fylde Water Board who have indicated that no formal decision to add fluoride to the water supply can be made until formal requests are received from all the health authorities concerned. The West Riding County Council formally requested the addition of fluoride some years ago in respect of the Bowland Rural District, but as this was a fragmented supply it was not practicable. The Lancashire County Council have now decided to go ahead with implementation of fluoridation of water supply, initially in the areas supplied by Manchester City Council Water Authority. However, financial limitations will restrict any further extension in 1973-74.

The cost of fluoridation so far as the County Borough of Blackpool is concerned is estimated to be in the region of 4p per head of population.

It would appear that the question of fluoridation cannot now be resolved before 1974, when both local authorities and water supply authorities are re-organised.

Fylde Water Board

CHEMICAL ANALYSES FOR BLACKPOOL 1972

BLACKPOOL	RAW WATER STOCKS	RAW WATER BARNACRE	WARBRECK HEAD OFFICE, RESERVOIR WINTER	MARTON SUMMER	WARBRECK TOWER WINTER	CORNWALL AVENUE SUMMER
	Yellow Coloured	Yellow Coloured	Clear & Bright	Clear & Bright	Clear & Bright	Clear & Bright
Appearance						
Colour (Hazen p.p.m. (Pt).)	39	48	5	2	6	2
Turbidity (p.p.m. Silica) ...	25	30	1.0	0.6	1.0	0.4
Odour	—	—	Nil	Nil	Nil	Nil
Taste	—	—	Normal	Normal	Normal	Normal
Reaction pH Value	6.9	6.0	7.8	8.0	8.0	8.0
Electrical Conductivity u m h o/c.c.	85	73	120	310	105	240
Residual Chlorine	—	—	0.10	0.10	0.10	0.10
Free & Saline Ammonia as N ₂	p.p.m.	p.p.m.	p.p.m.	p.p.m.	p.p.m.	p.p.m.
0.06	0.10	0.04	0.05	0.08	0.03	
Albuminoid Ammonia as N ₂	0.20	0.13	0.08	0.04	0.01	0.01
Nitrous Nitrogen as N ₂ ...	0.013	0.027	0.008	0.009	0.009	0.046
Nitric Nitrogen as N ₂	0.30	0.86	0.46	0.41	0.41	0.60
Oxygen absorbed 4 hrs. @ 27°C	4.13	4.51	0.80	0.25	0.62	0.32
Free Acidity as CO ₂	—	—	—	—	—	—
Carbonate Hardness as CaCO ₃	16	6	25	132	12	84
Total Hardness as CaCO ₃	33	22	48	152	36	110
Non-Carbonate Hardness as CaCO ₃	17	16	23	20	24	26
Excess Alkalinity as Na ₂ CO ₃	Nil	Nil	Nil	Nil	Nil	Nil
Calcium as CaCO ₃	26	14	42	88	28	82
Magnesium as CaCO ₃	7	8	6	64	8	28
Total Solids dried at 180°C	80	84	87	231	80	178
Chloride as Cl	12	15	14	22	12	18
Sulphate as SO ₄	16	18	25	33	24	31
Lead as Pb	—	—	less than 0.05	—	less than 0.05	—
Manganese as Mn	0.13	0.15	0.01	0.03	less than 0.01	0.03
Copper as Cu	—	—	—	—	—	—
Iron as Fe	0.79	0.49	0.02	0.02	0.02	0.06
Aluminium as Al	0.24	0.23	0.07	0.02	0.05	0.06
Fluoride as F	less than 0.10	—	less than 0.10	—	less than 0.10	—

SEWERAGE OF THE BOROUGH

The Borough Surveyor has kindly given the following details on the present and future drainage work:

(a) Works of Sewerage and Sewage Disposal carried out in 1972

1. Provision of sewer in Docky Pool Lane/Bennetts Lane to provide main drainage facilities for existing properties.
2. Provision of Flood Relief sewer in Charnley Road.
3. Provision of new sewers in conjunction with housing development.
4. Completion of Flood Relief sewer in Warley Road and Warbreck Hill Road.

(b) Works of Sewerage and Sewage Disposal Proposed to be carried out in 1973

1. Extension of Warren Drive sewer to provide for future development.
2. Provision of sewers in conjunction with housing developments.
3. Commencement of construction of new Screening Chamber at Anchorholme Pumping Station.

(c) Proposed Future Works of Sewerage and Sewage Disposal

1. Provision of new sewer in Lytham Road area.
2. Provision of sewers for development of 80 acres of land in the Marton Moss area.
3. Alterations and extensions to South Park Drive pumping station including new sewer in Lawson Road and in part of Whitegate Drive.
4. Provision of new sewer in Church Street between Devonshire Square and Park Road.
5. Provision of new surface and foul water outfalls at Anchorholme.

Schemes in hand and proposed will provide reasonably adequate facilities for sewerage and sewage disposal.

REFUSE COLLECTION AND DISPOSAL 1972

This work is carried out by the Cleansing Department of the Corporation.

I am informed by the Director of Public Cleansing that the tonnage of refuse again increased slightly over the previous year.

The tonnage of clay, soil, rubble etc., received at the tip was 73,351 — a slight decrease on last year's figure but confirms the dependence of contractors on the Local Authority for the disposal of their waste.

The amount of refuse dealt with at the Refuse Disposal Works was 13,609 tons, whilst 47,094 tons, including refuse brought by private traders, were tipped away and about 700 tons of night soil were removed.

ENVIRONMENTAL HEALTH SERVICES

The Chairman and Members of the Health Committee,
Ladies and Gentlemen,

Although this is not my first annual report it does cover my first year as Chief Public Health Inspector. My predecessor, Mr. John Pickard, retired on the 4th January, 1972, after 26 continuous years of loyal service. Prior to the start of that service, and before his employment at Birmingham and Manchester, he had trained for his chosen career in Blackpool, his home town. Well-known throughout the ranks of his profession, Mr. Pickard at all times kept the interests and well-being of Blackpool to the fore and his undivided efforts to secure a healthy environment for the town's residents and visitors have made an important contribution to the success of Blackpool itself.

The pages which follow set out to describe the various activities which the public health inspectorate has continued to undertake in order to maintain that healthy environment. A mere glance at the several headings will readily indicate the wide variety of these involvements — from housing to hairdressers, from food to factories. The tasks involved in all these spheres — monitoring, inspecting, advising and enforcing — are being undertaken by an extremely flexible team of inspectors, assistants and clerical support staff, whose efforts consistently achieve the highest standards.

With local government reorganisation rapidly approaching, the future of environmental health became clearer during 1972. The passing of the Local Government Act in October confirmed the government's intention that environmental health should be dealt with at district level.

The report on "The new local authorities — management and structure" (Bains Report) was eagerly read following its publication in August and this document recognised that environmental health would be one of the six major areas of activity of all district councils. This was emphasised by the fact that the Bains Committee agreed that in all districts a "chief environmental health officer" would be required.

The only current functions of the Blackpool inspectorate which are to be transferred to the new County of Lancashire are the comparatively minor ones concerned with the Fertilisers and Feeding Stuffs Act and the Diseases of Animals Act, together with certain provisions of the Food and Drugs Act. These latter, which concern the composition and labelling of food and drugs and certain provisions in respect of milk and cream have, in some quarters, been regarded as being related to consumer protection rather than public health. Along with the authority's Chief Inspector of Weights and Measures, I was privileged to serve with the consumer protection project group set up to advise the Co-ordinating Working Party and the Joint Committee for the new Lancashire County. The group's final report was to be published early in 1973 and although it is too soon to make accurate predictions, there appears to be a real possibility that those food and drugs functions referred to earlier may be transferred back to the district council under an agency arrangement.

On the whole, 1972 has been a satisfying year for environmental health in Blackpool. Although lengthy legal proceedings at the beginning of the year in respect of coal dust nuisances did not result in nuisance orders being granted by the magistrates, the fact that the authority saw fit to institute such proceedings has resulted in effective steps being taken by the defendants to minimise the nuisances. So far as air pollution generally is concerned, a marked downward trend in smoke and sulphur dioxide concentrations has again been recorded, despite the fact that no smoke control orders have yet been made.

Special mention must be made of the intensive food hygiene activities undertaken by a small group of specialising inspectors. Their tenacity and enthusiasm has achieved considerable improvements in a large number of

food premises and has been greeted generally with a splendid spirit of co-operation from the food trade. Their activities did, however, underline the need for more frequent inspections to be carried out and for more time to be available during each inspection to educate the food handler and to act as advisor to the management. This can only be achieved if extra staff is made available.

In private sector housing—an important area of environmental health activity--a significant advance occurred with the making of the Blackpool (Ibbison Street) Compulsory Purchase Order which is intended eventually to secure the clearance of the last significant area of unfit houses in Blackpool. A sample house condition survey of the whole borough was carried out for the first time and the valuable flexibility of the public health inspector was clearly demonstrated when an experienced officer normally involved in food hygiene matters was temporarily seconded to this survey, thus enabling its completion to be achieved in half the time to meet a Department of the Environment deadline. There is no doubt in my mind that any transfer of the public health-housing functions to another department (a notion which has been voiced by other vested professional interests) would result in costly inefficiencies and a poorer standard of service to the public.

It was particularly pleasing to have the annual conference of the Association of Public Health Inspectors in Blackpool for the fourth time in eight years. For a whole week in September, 2,673 delegates and guests enjoyed the unique facilities and attractions of the town when not involved in the serious discussions of the conference programme. The delegates represented 1,280 authorities and included representatives from government departments, various associated organisations and commercial firms.

The year was extremely satisfying in the training of inspectors. Of the four established trainees, two were awarded their diploma after completing a four years course and passing the final examination, one graduate trainee obtained the diploma on completion of his practical training and the fourth student passed the intermediate examination.

To conclude these introductory remarks my sincere thanks are extended to the members of the Health Committee and the Housing Committee for their support: and to the Medical Officer of Health, the Public Analyst, the other Chief Officers and their staff for the co-operation and assistance once again extended to the environmental health team during 1972.

Municipal Health Centre,
Whitegate Drive,
Blackpool.

J. Brian Parker.

HOUSING

The public health inspectors' involvement in the important subject of housing lies principally in the private sector, where the application of the far-reaching provisions contained in the Public Health and Housing legislation are used to secure improved living conditions for a vast proportion of the population. Although the links between poor living conditions and disease are probably more associated with the 19th century, housing must still be properly regarded as being a Public Health matter, particularly when the modern concept of health is considered i.e. not only the absence of disease or infirmity, but a complete state of physical, mental and social well being.

Housing Survey

Following the issue by the Department of the Environment of its circular 50/52 ("Slums and Older Housing — an Overall Strategy") the inspectorate undertook a sample house condition survey in August and September. The computer services available in the Borough Treasurer's Department provided the chosen addresses, and an explanatory letter was sent in advance to each occupier. In addition, excellent publicity to the survey was given in the local press which resulted in good co-operation from the householders. The results of the survey provided the following estimates of the condition of the housing stock in Blackpool, and these particulars were forwarded to the Department of the Environment.

	Number of Dwellings	
	Owned by, local authority	Other Ownership
Unfit Dwellings		
1. In areas already declared under Part III Housing Act, 1957	—	—
2. In other areas to be declared under Part III Housing Act, 1957	1	93
3. Not in Part III areas	—	—
4. Total of unfit dwelling (items 1 plus 2 plus 3)	1	93
Dwellings not unfit		
5. Up to 12 point standard	5,396	44,248
6. Capable of improvement to 12 point standard	946	2,325
7. Not capable of improvement to 12 point standard	—	—
Total dwellings in the area (items 4 plus 5 plus 6 plus 7)	6,343	46,666

Repairs

Extensive powers to secure the repair of houses exist in the Housing Act, 1957 (as amended by the 1969 Act) but these can only be used if the house is considered to be unfit and is not capable of being made fit at reasonable expense or if substantial repairs are required. During 1972 no instance occurred where the use of these powers was considered to be appropriate.

The securing of repairs continued to be effectively achieved, however, by the use of the Public Health Act where disrepair could be classed as being prejudicial to health or a nuisance. Most frequently this action was initiated by the tenant making a complaint to the department but very often the existence of disrepair was revealed during the routine inspections such as those made in connection with municipal tenancy applications.

No. of houses in which disrepair was found	133
No. of houses requiring the remedying of defects :	
Informal Notices	160
Statutory notices	65
No. of houses in which defects were remedied :	
After informal action	104
After the service of statutory notices	39

Improvement

The responsibility of improvement grants is shared between the departments of the Borough Surveyor and the Chief Public Health Inspector. The staff of the former department deal with all applications, the assessment of the cost of works and the supervision of improvement works. Before each application is considered, however, a detailed inspection of the house is made by the district public health inspector, who decides on the eligibility of the property (having regard to its fitness and expected life), schedules the items of repair required and later certifies the completion of the repair works before the grant is paid. Such methods of operation obviously call for close liaison between the two departments to ensure efficient operation and during 1972, 396 visits were made by the public health inspectors in connection with grant applications. This compares with 255 visits during the previous year.

Standard grants are available to owners as of right, subject to certain qualifying conditions being satisfied, and these are available for the provision of such basic amenities as an internal water closet, a bath or shower, a wash-basin, a sink and hot and cold water supplies. Improvement grants to enable more extensive work to be carried out, including the conversion of larger houses to flats, are made at the discretion of the local authority. During 1972 a considerable increase occurred in the number of applications for "discretionary" grants, as can be seen from the following particulars —

	1972	(1971)
Standard grants — applications received	123	(139)
Standard grants — applications approved	106	(135)
"Discretionary" improvement grants —		
applications received	245	(59)
"Discretionary" improvement grants —		
applications approved	177	(41)

No general improvement areas have yet been declared within the Borough, and the Housing Act of 1969, which makes provision for the declaration of such areas by local authorities, removed the general powers of compulsion which had been available previously. Where a tenant makes application, however, the local authority is entitled to serve on the owner a statutory notice under the Housing Act, 1964, requiring the provision of the various standard amenities, and during 1972 two applications were received for this action to be taken. This is considered to be a most useful provision which warrants considerably more publicity than it has been accorded in recent years.

Clearance

In November, 1972, the Housing Committee considered a joint report by the Town Clerk, Borough Treasurer, Borough Surveyor and Chief Public Health Inspector, concerning an area of land off Central Drive, in and near Ibbison Street. This area, which comprises 2.56 acres and contains 101 houses, had been included in the Council's clearance programme for the period 1971 - 1975. Apart from a few individual properties it is considered to be the only remaining area in Blackpool which contains houses unfit for human habitation. As a result of the report the Council resolved that three areas of land in the locality should be declared to be clearance areas and that their clearance should be achieved by purchasing the lands comprised in them, together with certain other land surrounded by and adjacent to the areas, by means of a compulsory purchase order.

In December, 1970, the appropriate committees had agreed to provide alternative accommodation in the close vicinity for those occupiers living in the Ibbison Street area who expressed a wish to be rehoused in the neighbourhood. To accommodate these families, a scheme for the development of the Kay Street/Middle Street area by the construction of 30 one-bedroom two person flats and 16 two-bedroom three person flats has been approved. It was expected that building works would commence in February, 1973. Other occupants displaced from the Ibbison Street area will be rehoused in existing council accommodation throughout the town.

Under part 2 of the Housing Act, 1957, action was taken during the year in respect of individual houses in various parts of the town found to be incapable of being made fit at reasonable expense.

No. of unfit houses demolished in clearance areas	2
No. of unfit houses demolished outside clearance areas	—
No. of unfit houses or parts of houses closed	3

Multiple Occupation

The control of houses in multiple occupation, i.e. those occupied by persons who do not form a single household, continues to demand considerable time and effort, and during the year under review members of the department's staff have been engaged full time in this work. This has involved inspection and re-inspection of known premises, the detection of houses newly changed to multiple occupation use and advising persons having control of the houses of the works required. The Housing Act, 1961, enables the local authority to introduce a registration scheme but the Council has not found it necessary to exercise this form of control.

During 1972 no houses were found to be so neglected as to warrant the making of individual management or control orders, and most of the informal action continued to be based on Section 15 of the Housing Act, 1961, with requirements according to minimum standards adopted locally some years ago.

Probably the most significant requirement which has been applied in Blackpool is that in any letting used for permanent residential occupation separate rooms should be provided for sleeping and food preparation purposes; this has not been required, however, for lettings used only for holiday accommodation. Where the pattern of occupation does not permit compliance with this requirement without a reduction in the number of lettings, and where no attempt has been made to effect such a reduction voluntarily, the powers available under Section 19 of the Housing Act, 1961, are used. The making of a formal direction prohibits the re-letting of any accommodation in the house until the number of individuals or households has been reduced below a specified number; the direction may be varied, however, as and when appropriate improvements to the property are made. During 1972 no contraventions of existing directions were found.

Further conversions of guest houses to holiday flats or flatlets took place during the year and these were dealt with under the Housing Acts as houses in multiple occupation; standards applying to lighting, ventilation, water supply, washing facilities, sanitary accommodation, food storage, preparation and cooking and space heating are also used in connection with the Council's minimum standards scheme for holiday accommodation and these standards have been adopted by the local Holiday Flatlets Association.

Improved standards of accommodation have been required in all houses in multiple occupation for which planning consent has been granted since 1971. Three categories of accommodation have been determined for such planning applications, namely permanent residential flats, holiday flats and holiday flatlets. The principal changes in requirements are that in holiday or permanent flats a bath or shower, wash-basin and water closet should be provided in each letting together with the requirement that food should not be prepared in a room used for sleeping in permanent accommodation. In holiday flatlets the standards were raised to require one bath or shower for every 15 persons, situated so that no person should need to go up or down more than one floor to reach them. The water closets are to be provided in a ratio of not less than one for every ten persons and no flatlet should be more than one floor level away from the water closet. At least half the w.c.'s are to be situated in a room separate from a bathroom and a wash-basin is required to be provided in every flatlet except that it need not be provided in addition to a sink unit in a one-bedroom flatlet. The floor space standards in holiday flatlets have been improved for habitable rooms which contain kitchen facilities.

Close liaison has again been maintained with the Town Planning section of the Borough Surveyor's department and when premises without planning consent or obvious existing-use rights are found during routine survey and inspection, these are referred to that section for enforcement action.

The public health inspectors undertake the investigation of complaints of unsatisfactory holiday accommodation in hotels, guest houses and holiday flats. 78 such complaints were received in 1972 mainly by the Attractions and Publicity department, and in each case a comprehensive report was compiled by the district public health inspector and a copy sent to the Director of that department. Although each complaint is investigated irrespective of the length

of time which may have elapsed between the actual occurrence and the complaint being made, a thorough appraisal of the circumstances generally proves to be difficult when the complainant has returned to his home address.

The Health Committee has decided that, as a matter of general policy, when applying the provisions of the Public Health Act, 1936, hotels and guest houses should be required to provide at least one water closet for every 15 persons. This is equivalent to the requirements contained in the minimum standards scheme for holiday accommodation.

No. of houses known to be in multiple occupation (including holiday flats and flatlets)	1297
No. of inspections made in 1972	426
No. of informal notices served	42
No. of statutory notices served	1
No. of directions made on overcrowding	2
No. of directions varied	2

Common Lodging Houses

Routine district inspections and the continuing multiple occupation survey ensured that any premises needing to be treated as common lodging houses received attention. Circumstances at several houses were investigated and in one instance it was decided that the premises were, in fact, being operated as a common lodging house, although the necessary registration had not been effected. Several requests were made to the keeper without result, and the Health Committee authorised the institution of legal proceedings against the person for operating a common lodging house and not being registered. Before legal proceedings could be taken, however, the use of the house was discontinued.

Rents

Since the introduction of the Housing Act of 1969, the owner of a dwelling which is let at a controlled tenancy is entitled to a conversion to a regulated tenancy with a new rent determined under the Rent Act, 1968, provided that a qualification certificate has been granted by the local authority. Before such a certificate is issued the house must be provided with the standard amenities i.e. bath or shower, in a bathroom if practicable, a wash-basin, a sink, hot and cold water supplies and a water closet, situated internally if practicable. The house must be in good repair and fit for habitation. A certificate of provisional approval may be granted for a dwelling lacking all or some of the standard facilities, provided that proposals for providing them are submitted with the application for the certificate. This enables the owner to ascertain his new rent entitlement before carrying out the improvent. All applications are received by the Borough Surveyor's staff but no certificate is issued until the district public health inspector is satisfied that all the qualifying conditions have been complied with. Details for 1972 are as follows:

No. of qualification certificates applied for	66
No. of qualification certificates issued	81
No. of certificates of provisional approval issued	14
No. of inspections by public health inspectors	278

The main provisions of the Housing Finance Act, 1972, came into operation in August, and amongst other things this Act modified the provision relating to qualification certificates, together with provisions for the general decontrol of tenancies on a phased basis.

Municipal Tenancies

During 1972 several inspections of council owned properties were made on behalf of the housing management section of the Borough Treasurer's department, in connection with overcrowding and other public health matters.

When an application for rehousing on medical grounds is received, a detailed report on the applicant's existing accommodation is made by the district public health inspector, which assists the Medical Officer of Health in awarding priority points. During 1972 336 inspections were made for this purpose and where necessary action was taken under the Public Health or Housing Acts to deal with any unsatisfactory conditions found.

FOOD HYGIENE AND CONTROL

This particular aspect of environmental health administration continues to be the most important so far as Blackpool is concerned. The importance of the food and catering industry to the prosperity of this seaside resort cannot be stressed too strongly and a tremendous responsibility is borne by the public health inspectorate and the food trade in ensuring that its 151,000 residents and millions of tourists receive wholesome food prepared under hygienic conditions.

Food hygiene has been defined by the World Health Organisation as meaning all measures necessary for ensuring the safety, wholesomeness and soundness of food at all stages from its growth, production or manufacture until its final consumption. Due care is necessary throughout the life of a food to project it from contamination, to control deterioration and to eliminate factors which may make the food dangerous to consumers.

In Blackpool, there are over 5½ thousand premises in which food is handled and which are subject to routine inspection at any time by the local authority's inspectors. It has become clear that existing staff resources are insufficient to achieve the high level of surveillance which is desirable, despite the fact that internal reorganisation in recent years has resulted in greater efficiency.

The premises at which food businesses are carried on in the borough are classified as follows :—

Bakehouses	86
Butchers' Shops	144
Fish and chip shops	126
Restaurants, cafes and snack bars	377
Residential catering (hotels, guest houses)	3,218
Ice cream manufacturers	24
Licensed premises and clubs	374
Retail food shops	996
Food factories	69
Works and school canteens	62
Dairies	2
Stalls	118
No. of inspections	4,806

Offences against the food hygiene regulations are of course absolute and the local authority is entitled to institute legal proceedings immediately any failure to comply is detected. The maximum penalty for any one contravention is £100 and/or three months' imprisonment. Contraventions are rarely

encountered singly, however. In proceedings taken in June, for example, the person carrying on a fish-frier's business pleaded guilty to 41 offences against the regulations, and the fines imposed totalled £225. In this case, legal action was taken only after several visits had been made to the premises and many requests had been made to secure compliance. The general policy is to give the food trader a reasonable opportunity to comply with the statutory requirements without resorting to legal action (except in the case of the most flagrant contraventions or where repeated warnings have been given in the past).

Advice on food hygiene requirements is readily available from the Department, and approaches by persons intending to open food businesses are particularly welcome. There is, regrettably, no statutory requirement that premises should receive "prior approval" before trading commences. Despite the keenest vigilance by the inspectorate, food businesses still frequently appear to emerge almost overnight and the opening to the public is often accompanied by serious risk to those customers. It will be interesting to see whether the Town and Country Planning (Use Classes) Order, 1972, will improve matters in this direction. Amongst other things, the Order, which came into operation on the 23rd October, 1972, brings "a shop for the sale of hot food" into the special shop class. This means that planning consent will now be required for the change of any other kind of shop to one for the sale of hot food (including a cafe, snack bar, etc.)

During 1972, routine inspections of all types of food premises were carried out throughout the town, ranging from large hotels, food factories and restaurants to small guest-houses, and retail shops. During the summer months, particular attention was again paid to the various aspects of open-air trading, including the food stalls on the "Golden Mile" and other parts of the Promenade, and on the beach, where one of the conditions contained in the licence issued by the local authority is that all requirements of the Chief Public Health Inspector should be complied with for the protection of holidaymakers flying abroad, a special investigation into the arrangements for flight catering at Squires Gate Airport was undertaken, resulting in improved methods being adopted.

Inspection of Meat and other Foods

The only slaughterhouse situated within the Borough is a modern abattoir built by an operating Company on land leased from the Corporation which previously formed the site of an out-dated municipal abattoir. The Company has adopted a policy of continuous improvement and the premises comply fully with the Slaughter of Animals (Prevention of Cruelty) Regulations and the Slaughterhouse (Hygiene) Regulations. Excellent relationships exist with the slaughterhouse management and the veterinary officers of the Ministry of Agriculture Fisheries and Food.

The Health Department staff consists of a senior meat inspector, who is a qualified public health inspector and one authorised meat inspector. In addition, a district public health inspector is available for meat inspection duties as required. 100% inspection of carcases and offal is carried out and inspection charges are made in accordance with the maxima specified in the Meat Inspection (Amendment) Regulations, 1971.

Routine inspections of meat and other foods have been maintained at wholesale and retail premises, including action in accordance with the Imported Food Regulations, 1968. The only unexamined containers arriving in the town were those consigned to the branch premises of an international company, containing beef from the Republic of Ireland, together with shell fish and sugar confectionery to other destinations, also from Ireland.

Containerisation has presented no particular difficulty in the department.

There are no premises at which horse meat is sold for human consumption in the area of this Authority.

Animals Killed

Year	Cows	Heifers	Bullocks	Bulls	Calves	Sheep	Pigs	Total
1962	3,218	2,905	9,477	35	1,877	81,699	18,616	117,837
1963	2,825	3,285	9,790	29	1,473	71,934	17,158	106,494
1964	2,631	3,064	8,264	21	1,113	72,051	17,935	105,079
1965	1,695	2,265	7,591	17	900	66,728	17,550	96,736
1966	2,089	2,080	7,288	27	1,113	69,510	16,518	98,626
1967	1,484	1,922	7,480	25	1,002	62,496	16,216	91,450
1968	1,266	2,201	7,113	29	91	61,026	16,831	88,557
1969	1,269	2,212	6,460	12	19	52,731	22,420	86,097
1970	1,583	1,781	7,930	32	11	60,585	21,320	93,242
1971	1,373	1,676	7,683	17	10	55,169	22,565	88,493
1972	424	1,198	8,814	85	7	56,132	23,916	90,576

Carcases and Offal inspected and rejected as unfit

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	10,097	424	7	56,132	23,916
All diseases except Tuberculosis and Cysticerci:					
Whole carcases rejected	3	1	4	20	111
Carcases of which some part of the organ was rejected	4,845	350	1	3,680	2,328
Tuberculosis only:					
Whole carcases rejected	—	—	—	—	—
Carcases of which some part of the organ was rejected	—	—	—	—	15
Cysticerci:					
Carcases of which some part of the organ was rejected	3	—	—	—	—
Carcases submitted to refrigeration	3	—	—	—	—
Generalised and totally rejected ..	1	—	—	—	—

Meat rejected—Details of Diseases and Conditions found

	Totals lbs.	Brought forward	
Assessed	12,482	Moribund	1,060
Actino-bacillosis	491	Nephritis	44
Actino-mycosis	55	Oedema	491
Anaemia	114	Parasitic	3,800
Arthritis	1,294	Pericarditis	980
Broken bones	391	Pleurisy	844
Bruised	627	Pneumonia	361
Cirrhosis	1,539	Pyaemia	6,057
Congested	3,197	Pylonephritis	—
Decomposed	40	Septic	1,379
Emaciation	270	Suppurative	—
Erysipelas	901	Tuberculosis	302
Fasciolasis	32,822	Other unsound conditions	2,632
Fevered	1,264	Urticaria	256
Jaundice	471	Xanthosis	39
Joint-ill	25		
Mastitis	62		
Melanosis	14		
			74,304

Carried forward

Poultry Inspection

Most of the poultry consumed in Blackpool is processed outside the Borough. Poultry slaughtering on a small scale is carried out at one establishment only, situated within the abattoir precincts, and general supervision is exercised by the resident senior meat inspector. All types of poultry are handled. Because of the limited throughout no inspection difficulties have been encountered having regard to the guidance contained in Circular 22/61. In the absence of specific hygiene provisions for poultry slaughtering establishments, the requirements of the Food Hygiene (General) Regulations, 1970, are applied, with reasonable success, together with the Slaughter of Poultry (Humane Conditions) Regulations, 1971.

Number of visits	114
Number of birds processed	10,250
Percentage rejected as unfit for human consumption	3%
Weight rejected as unfit for human consumption	710 lbs.
(No poultry formally condemned: rejected items were voluntarily surrendered.)	

Disposal of Meat and other Foods

The Meat (Sterilisation) Regulations, 1969, provides control over the disposal of unfit meat and knacker meat. Such meat must be sterilised before removal from the place of slaughter unless a specific exemption applies. The principal exemption is available to a processor to remove meat for sterilisation, subject to the meat being conveyed in a locked vehicle or impervious container which must be conspicuously labelled. With the exception of certain livers, which are permitted to be removed for use in the manufacture of pharmaceutical products, all unsound meat from the abattoir is removed in an approved manner for processing and conversion to fertilisers.

The policy of accepting the voluntary surrender of unsound foods from shops, warehouses and catering premises is maintained thus ensuring that the destination of such products is known to the Health Department. The food is collected by the department's employees and delivered to the Corporation's refuse disposal plant where it is destroyed by incineration.

The following table gives details of food voluntarily surrendered during 1972 but does not include meat rejected at the abattoir.

	Lbs.
Carcase meat and offal	1,264
Cooked meat and meat products	69
Canned meats	3,187
Other canned foods	5,221
Fresh fish	36
Fresh fruit and vegetables	1,607
Frozen foods	4,224
Other foods	2,855
Total	<hr/> 18,493

SAMPLING OF FOOD

Having County Borough status, Blackpool is a food and drugs authority and the sampling of food and drugs is quite properly associated with its environmental health functions. During 1972 362 samples were purchased by the specialist inspector concerned and were submitted to the public analyst.

The variety of samples included not only such staple commodities as milk, ice cream, sausages and other meat products, etc., but also more exotic delicacies such as cuttle fish with vegetables, and eel in peanut oil. With the exception of the six samples listed below, all were reported as being genuine. The unsatisfactory samples were as follows —

Formal sample No. 120 — Beef sausage

These sausages contained a permitted amount of sulphur dioxide preservative, the presence of which was not declared.

Following a warning which was issued to the vendor, a suitable notice was displayed.

Formal Sample No. 121 — Potted Beef

This sample failed to comply with the compositional standards of the Fish and Meat Spreadable Products Regulations, 1968, in that it was deficient in total meat to the extent of 37.1%.

Warning letters were sent to the vendor and the manufacturer.

Informal sample No. 138 — Vodka

This sample arose as a result of a complaint and was found to be a mixture of lemonade and vodka.

Legal proceedings were instituted and a fine of £25 was imposed on the vendor.

Informal sample No. 145 — Pasteurised homogenised milk

Discreet globules of butterfat were found to be present on the surface of the milk. The milk, therefore, did not satisfy the Milk (Great Britain) Order, 1967, which defines homogenised milk as one on which the globules of butterfat are uniformly distributed and do not rise to the surface.

A warning letter was sent to the producer.

Informal sample — Sausage

This was a sample of sausage supplied in accordance with a school meals contract. It contained a permitted amount of sulphur dioxide preservative, which had not been declared and was, therefore, reported as an unsatisfactory sample. The Education Authority were aware, however, that the product had contained sulphur dioxide.

Informal sample No. 312 — Beef sausage

This sausage contained a permitted amount of sulphur dioxide preservative, the presence of which was not declared.

Following a warning which was issued to the vendor, a suitable notice was displayed.

FOREIGN MATTER AND MOULD IN FOOD

The number of occurrences brought to the attention of the Department by consumers finding foreign bodies or mould in food continue to increase. In 1970 there were 56 complaints, which rose to 75 in 1971 followed by 85 in the year under review. These can be classified as follows —

	Foreign Matter		Mould Number
	Number	Home Produced Food	
		Imported Food	
Milk ...	13		
Butter ...			
Cheese ...			2
Bread ...	11		3
Canned Meat ...		1	
Meat Pies ...	3		1
Fish ...	2	2	
Fruit ...	4	2	
(including tinned)			
Jam ...		1	
Vegetables (tinned) ...	1	2	
Cereals ...	5		
Sweets ...	3		
Confectionery ...	13	1	5
Other Foods ...	6		4
TOTALS ...	61	9	15

In every instance a detailed investigation was carried out by a public health inspector who checked every stage of manufacture, distribution, storage and sale of the product. Of necessity this often included close scrutiny of how the food was treated by the purchaser after its final sale. These investigations frequently resulted in the issue of warning letters to producers and/or retailers, depending upon the circumstances of each particular case. In some cases, however, the Department's research revealed that no action was warranted, and the inspector was able to reassure the consumer that certain phenomena, such as struvite crystals in canned salmon, were quite normal.

Legal proceedings were instituted following a complaint from a local resident that he had purchased from a local health food shop a supply of wheatgerm which was found to be infested with insect larvae. These were identified as being the larvae of the Indian Meal Moth (*Plodia interpunctella*). A subsequent inspection showed that other foodstuffs in the vendor's premises were also infested.

A fine of £25 with costs of £8 were imposed by the Magistrates who found the vendor guilty of an offence under Section 2 of the Food and Drugs Act, 1955.

Towards the end of the holiday season a complaint was received from a visitor that an item of sugar confectionery sold as "candy legs" was found to contain small pieces of iron wire. The Health Committee authorised legal action but at the end of the year proceedings had not yet been taken.

In July the report of the Food Standards Committee on the date-marking of food was published. The Committee, which exists to advise the appropriate Government department, recommended that a system of open date-marking for pre-packed foods should be introduced by regulations made under the Food and Drugs Act, 1955. These proposals clearly reflect the public concern at the possibility of wrapped food still being on sale when stale or unfit — conditions which received considerable publicity following investigations by public health inspectors in London and other parts of the country.

BACTERIOLOGICAL SAMPLING

316 samples of milk were submitted to the Public Health Laboratory at Preston for examination in connection with the tests prescribed in the Milk (Special Designation) Regulations and for tuberculosis and brucellosis in untreated milk. 21 samples were reported as being unsatisfactory and details are given below:—

Designation of milk and type of test	Satisfactory	Unsatisfactory
Pasteurised milk		
Methylene blue test	155 (7 void)*	6
Phosphatase test	168	
Sterilised milk		
Turbidity test	72	
Untreated milk		
Methylene blue test	56 (5 void)*	15
Animal inoculation test —for tuberculosis	6	
—for brucellosis	6	
Brucella cultures test	1**	
*Permissible atmospheric shade temperature exceeded		
**Satisfactory although Brucella Ring Test was positive		

The unsatisfactory samples were produced outside the borough and in each case the results were notified to the producer, the local authority and/or the divisional milk officer of the Ministry of Agriculture, Fisheries and Food, as appropriate.

In the case of the positive brucella samples, notifications to the appropriate chief public health inspector and medical officer of health resulted in milk heat treatment orders being imposed until such time as the infected animals were located and removed from the herds.

MILK SUPPLY

The following is a list of the milk purveyors in the borough:—

Large distribution depots	6
Dairymen's premises, excluding farmers	3
Dairymen using registered dairies other than their own premises	11
Distributors of bottled milk from retail shops ...	299

The following licences issued under the Milk (Special Designation) Regulations, 1963, were in operation at the end of 1972:—

Licensed Bottling Establishments:—

Pasteurised milk	1
Dealers' licences for the sale of pre-packed milk	
Untreated	21
Pasteurised	309
Sterilised	280
Ultra heat treated.....	29

ICE CREAM

Registration of manufacturers and purveyors

During 1972 there were fewer manufacturers of ice cream in the Borough, the total number having been reduced from twenty-seven to twenty-five. Of these seventeen were making a soft ice-cream, eight the traditional variety and two were making both. A producer of the traditional variety for many years opted out, having taken the agency for a large out-of-town manufacturer. Three more soft ice cream producers decided to discontinue but two others took their place.

As usual there were several changes of occupiers of registered premises but few new registrations. What was significant, however, was the number of supermarkets and cash and carry operators who applied for registration to sell the traditional variety.

Premises and equipment

The structural condition of the premises used in the manufacture of ice cream was satisfactory, accommodation in all cases was adequate and there was compliance with the 1970 Food Hygiene Regulations.

The outlook of the manufacturers remains progressive and new and better equipment is installed as it proves itself.

Sampling

Thirty two samples were taken for the purpose of chemical analysis and sixty eight for bacteriological examination.

Chemical Analysis

On the 4th January, 1971, the Ice Cream Regulations, 1967, laid before Parliament on the 21st December that year, replaced the 1959 Food Standards (Ice Cream) Regulations.

They re-enacted the former Standards which included, inter-alia, a minimum of 5% fat and 7½% solids other than fat for ordinary ice cream, whilst dairy ice cream must contain not less than 5% milk fat and 7½% milk solids other than fat. For Parev (Kosher) ice cream this must contain not less than 10% fat with no milk fat or any other derivatives of milk. As well, there are standards for ice cream and dairy ice cream containing fruit, fruit pulp, fruit puree or fruit juice, and for milk ices.

In the labelling requirements of the new regulations any ice cream other than a dairy ice cream must have a label on the container or in close proximity to it, which describes that ice cream as containing non-milk fat or, if relevant, containing vegetable fat.

A comparative classification of the fat content in the samples for the year 1970, 1971 and 1972 is shown in the following table:—

Classification of Fat Content %		1970	1971	1972
Over 5	Below 5	6	2	7
Over 6	Below 6	3	13	8
Over 7	Below 7	1	4	7
Over 8	Below 8	3	5	4
Over 9	Below 9	6	3	3
Over 10	Below 10	5	5	3
		24	32	32

All samples, as will be seen from the table above, complied with the operative regulations.

Bacteriological Examination

The following table shows the grading of sixty-eight samples submitted for examination by the methylene blue test:—

Provisional grade

Class of Mix	...	1	2	3	4	Total
Heat treated—						
Traditional Hard	...	33	—	1	1	35
Soft Ice Cream	...	20	2	3	5	30
Cold Mix	...	3	—	—	—	3
TOTAL	...	56	2	4	6	68

Grades 1 and 2

1969	88.6%
1970	97.2%
1971	81.9%
1972	85.3%

Grades 3 and 4

1969	11.4%
1970	2.8%
1971	18.1%
1972	14.7%

The bacteriological results were marginally better than last year. Those for the traditional type of ice cream were, on the whole, very good but problems again arose with the soft variety — again due to inadequate cleaning procedures. It was astonishing to find that one of the newer producers was under the impression that stripping down every three days would suffice.

The cordial relationship which exists between the Trade and the department continues to prosper. The willingness of all the manufacturers to co-operate at all times in whatever measures are suggested is again acknowledged.

TRADE DESCRIPTIONS ACTS 1968 - 1972

Under the Merchandise Marks Act, 1926, Orders were made which specified the marking of certain imported foodstuffs with, for example, the country of origin. These Orders remained in operation for a specified period after the 1926 Act was repealed by the Trade Descriptions Act, but this continuation period expired in 1971.

The Trade Descriptions Act, 1972, has now been introduced to require that where a United Kingdom name or mark is applied to imported goods, there should be an indication of origin of those goods. However, several types of goods have been temporarily excluded from this requirement; in the case of canned and bottled food the exclusion is until June 1974 and for other prepacked food, until June 1973.

The Trade Descriptions Acts do not replace the "consumer protection" powers contained in the Food and Drugs Act, which are administered by this department, but some overlapping can clearly exist. Enforcement of the newer legislation is undertaken by the weights and measures inspectors, but before these powers were brought into effect it was agreed between the two departments that any matter relating to the composition, nature, quality or substance of food, together with its labelling and advertising, should be dealt with by the public health inspectors under existing legislation. This policy which is in accordance with central government guidance has resulted in excellent co-operation between the officers concerned, particularly when dealing with complaints of unsatisfactory foodstuffs by members of the public.

OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963

Details of the inspections carried out in 1972 are shown in the lists which follow this introduction.

During the year the Health Department received 181 new registrations and each premises were inspected on receipt of the notices. 139 registrations were cancelled. Employers generally continued to disregard their obligation to register and the problem is made more difficult because of the seasonal occupation of premises in Blackpool and the high rate of change of occupancy, estimated to be as great as 30%. Street by street routine inspections were continued to overcome the problem. However, with the relatively small staff of one public health inspector and one technical assistant it was not possible to visit the 4,700 offices and shops within the county Borough as frequently as may be desired, and priority was given to new registrations, investigations of accidents, hoists and lifts, and dealing with requests for advice.

Since April, 1972, the Department has written direct to each proposer or architect submitting plans (for planning and/or building control purposes) in respect of premises within the scope of the Act, drawing their attention to works required for compliance. This service is proving valuable to both the applicant and the Department.

Co-operation with architects has improved but plans without adequate provision for ventilation continued to be submitted. Inadequate ventilation was also created by the action of some insurance companies who recommended that their clients brick up windows to improve security, thus often contravening the ventilation requirements of the Act.

There were no instances of any particularly high or low standards observed by employers. No statutory action was taken under Section 22 of the Act (dangerous conditions and practices) but in two instances where the attention of employers was drawn to the powers contained in this section there was speedy compliance with the department's requirements. These cases involved a dangerous wall of flimsy construction, situated at a high level, and a dangerous floor which was constructed only as a ceiling for the room below.

In 1972, there were 67 reported accidents, an increase of 21 on the previous year. The majority were caused by employees lifting, slipping or tripping. One serious accident was notified when an employee, a qualified electrician received burns to his hands and dislocated a shoulder when picking up a faulty electric fire.

Some employers have experienced considerable delays in getting repairs to hoists and lifts carried out. It is considered desirable that the certificated completion of repairs to lifts should be made obligatory.

There has again been good co-operation with H. M. Factory Inspectorate on matters of demarcation and when their advice was sought, both at regional and district level.

The publication in July of the report of the Robens Committee on Safety and Health at Work was received with interest in the Department, as was the statement by the Secretary of State for Employment that it was intended to take early action towards achieving the broad objectives of the report. Particularly important was the view expressed in the report that local authorities should be responsible for safety and health supervision in all non-industrial employment, supported by the resources of a new central authority, with close co-ordination and integration of the activities of the local and central inspectorate through the area offices of the central body.

The Health Department agrees with the suggestion that the procedure for the service of improvement and prohibition notices should be incorporated in any future legislation. No problem should be presented to the inspectorate by such a procedure, which will place on a statutory basis a practice which has already been adopted informally, i.e. the service of a list of requirements on the owner or occupier of the premises concerned. Considerable experience has, of course, already been gained in specifying requirements in statutory notices in other areas of environmental health activity, notably under the Public Health and Housing Acts.

During the year the following inspections were carried out:—

Initial Inspections

Offices	47
Retail shops	104
Wholesale shops and warehouses	7
Catering establishments	22
Fuel Storage Depots	1
	181

Recheck of initial inspections

Offices	63
Retail shops	173
Wholesale shops and warehouses	24
Catering establishments	49
Fuel storage depots	1
	310

Re-inspections

Offices	166
Retail shops	412
Wholesale shops and warehouses	29
Catering establishments	104
Fuel storage depots	1
	712

Regarding Registration

Offices	65
Retail shops	320
Wholesale shops and warehouses	11
Catering establishments	75
Fuel storage depots	—
	471

Notification of accidents (visits)

Offices	11
Retail shops	40
Wholesale shops and warehouses	4
Catering establishments	12
Fuel Storage Depots	—
	67

Hoist & Lift Regulations, 1968

Offices	8
Retail shops	17
Wholesale shops and warehouses	2
Catering establishments	49
Fuel Storage Depots	—
	76

1,817

Miscellaneous inspections including visits to premises regarding registration to check the number of employees, visits to factory premises to ascertain that separate workplaces, if any, were covered by the Factory Inspector, and amusements arcades

241

TOTAL NUMBER OF VISITS

2,058

1. Initial inspections

Premises found to be satisfactory :—

Offices	7
Shops	18
Wholesale shops and warehouses	1
Catering establishments	3
Fuel storage depots	—
	29

Premises with contraventions :—

Offices	40
Retail shops	86
Wholesale shops and warehouses	6
Catering establishments	19
Fuel storage depots	1
	152
	181

Recheck of initial inspections

Premises complying with the Act :—

Offices	43
Retail shops	92
Wholesale shops and warehouses	8
Catering establishments	21
Fuel storage depots	—
	164

Premises with contraventions :—

Offices	20
Retail shops	81
Wholesale shops and warehouses	16
Catering establishments	28
Fuel storage depots	1
	146
	310

2. Re-inspections

Premises complying with the Act as per letter letters sent to owners and employers :—

Offices	21
Retail shops	43
Wholesale shops and warehouses	3
Catering establishments	5
Fuel storage depots	—
	72

Premises with partial compliance :—

Offices	9
Retail shops	66
Wholesale shops and warehouses	5
Catering establishments	7
Fuel storage depots	—
	87

Premises visited to advise owners and employers as to works required to comply with the Act :—

Offices	101
Retail shops	187
Wholesale shops and warehouses	14
Catering establishments	80
Fuel storage depots	—
	382

Premises where no action had been taken to
comply with the Act:—

	Offices	Shops	Whole- sale	Cater- ing	Fuel
Prem. vacated	10	9	—	1	—
Change of user or employer	21	87	6	10	1
Demolished	—	11	—	1	—
No employees after initial inspection ...	—	7	—	—	—
Converted to Factories	4	2	1	—	—

—

171

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712

**LIST SHOWING TYPE AND NUMBER OF CONTRAVENTIONS FOUND ON
INITIAL INSPECTIONS, AND RECHECK
OF INITIAL INSPECTIONS DURING 1972**

TYPE	Offices	Retail Shops	Wholesale Warehouses	Catering	Fuel Storage
ABSTRACT	13	43	2	7	—
CLEANLINESS	7	40	2	10	1
OVERCROWDING	—	1	—	—	—
HEATING					
Insufficient	—	12	1	—	—
Thermometer	18	63	10	17	1
VENTILATION	12	74	7	12	—
LIGHTING	1	3	—	1	—
FLOORS					
Defective	1	18	1	8	—
Coverings	5	34	1	7	1
Openings	—	2	1	—	—
SITTING FACILITIES	—	1	—	—	—
STAIRS					
Defective	1	4	2	3	—
Handrail	9	21	2	9	—
Coverings	1	1	—	—	—
FIRST AID	19	59	2	11	—
FACILITIES FOR EATING MEALS	—	—	—	—	—
DRINKING WATER	6	6	2	—	—
ACCOMMODATION FOR CLOTHING	1	3	1	2	—
WASHING FACILITIES					
Insufficient	2	5	1	—	—
Defective	—	9	—	1	1
Ventilation	—	6	—	4	—
Cleanliness	4	6	—	1	—
Hot Water	21	61	2	4	—
Soap and towels	—	3	—	2	—
SANITARY CONDITIONS					
Insufficient	1	2	—	—	—
Defective	1	4	1	3	1
Lighting	2	18	—	5	—
Ventilation	3	16	1	5	—
Cleanliness	8	18	—	6	—
Ventilated intervening space	5	21	3	10	—
Assign and mark	5	5	2	—	—
Sanitary dressings	1	—	—	—	—

**DANGEROUS MACHINERY NOT PROPERLY GUARDED AS PER L.A.
CIRCULAR 7**

Refrigerator motors	3
Gravity feed food slicers	9
Potato peeler	1
Tile Press	1
Electric motor	1
Envelope el Machine Multilith Printers...	3
Goods conveyors	2

DANGEROUS MACHINERY FOUND PROPERLY GUARDED

Electric chippers	5
Electric peelers	6
Electric pump motors	2
Electric mixer	1
Refrigerator motors	28
Electric dishwashers	2
Gravity feed food slicers	14
Horizontal feed food slicers	6
Electric mincers	9
Band saws	3
Baler	1
Bag expander	1
Compressors	3
Mechanical goods handler	2
Electric elevator	1
Sausage filler	1
Lift motors	3
Printer machines	3
Cooling fans	4
Cellophane wrapper	1

96

DANGEROUS MACHINERY PROPERLY GUARDED AS PER LETTERS SENT TO EMPLOYERS (RE-INSPECTION)

Gravity feed food slicers	4
Electric refrigerator motor	2
6	

REPORTED ACCIDENTS

Workplace	Reported		Number investigated	Action recommended			
	Fatal	Non-fatal		Prosecution	Formal warning	Informal advice	No action
Offices	—	11	11	—	1	3	7
Retail shops	—	40	40	—	—	19	21
Wholesale shops/ Warehouses	—	4	4	—	—	—	4
Catering establishments open to the public, canteens	—	12	12	—	—	8	4
Fuel Storage depots ...	—	—	—	—	—	—	—
TOTALS ...	—	67	67	—	1	30	38

ANALYSIS OF CAUSE OF ACCIDENTS

	Offices	Retail Shops	Wholesale/ Warehouses	Catering est- ablishments open to public canteens	Fuel Stores
Machinery	—	1	—	—	—
Transport	—	—	1	—	—
Falls of person	6	16	—	5	—
Stepping on or striking against object or person ...	3	8	—	1	—
Handling goods	1	9	3	2	—
Struck by falling object	—	4	—	2	—
Fires and explosions	—	—	—	1	—
Electricity	—	—	—	1	—
Use of hand tools	1	2	—	—	—

CLASSIFICATION OF RETAIL SHOPS IN THE BOROUGH

Antiques	21
Books, stationery	21
Butchers	132
Car Sales	29
Car accessories	13
Central Heating	3
Chemists	77
Clothing	250
Confectioners	75
Cooked meats, tripe, etc.	19
Cycles, prams, sports equipment	32
Decorating materials	43
Drapery, haberdashery	67
Drug Stores	22
Gas appliances	3
Electrical goods	108
Florists	22
Foot ointment	1
Footwear, hosiery	54
Furniture, carpets	101
Gifts, fancy goods	184
Glass, crockery	11
Greengrocers, wet fish	112
Grocers	278
Hairdressers	266
Hardware, sanitary ware	100
Ice-cream	16
Jewellery	63
Kitchenware	7
Leather goods/wear	8
Laundrettes	49
Millinery	6
Musical instruments, records, etc.	5
Newsagents	122
Off-licence	70
Opticians	13
Petrol Sales	21
Pet Stores	20
Post Offices, etc.	36
Secondhand goods	38
Shell fish	9
Sewing machines	3
Silverware	3
Surgical appliances	2
Sweets, tobacco	188
Toys	20
Wools, etc.	18
Photography	27
Multiple Stores	25

2,813

FACTORIES ACT, 1961

At the end of the year there were 620 factories on the local authority register, 609 of which were equipped with mechanical power. 403 inspections were made by the district public health inspectors and 23 contraventions were found.

The prescribed particulars on the administration of the Factories Act, 1961 are as follows:

1. Inspections for purposes of provisions as to health (inspections made by the public health inspectors)

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	6	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	604	392	18 **	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	5	5	—	—
TOTALS	403		18	—

** In addition 5 oral notices were given

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted	
	Found	Remedied	Referred			
			To H.M. Inspector	By H.M. Inspector		
Want of cleanliness S.1.						
Overcrowding						
Unreasonable temperature S.3. ...						
Inadequate ventilation S.4. ...						
Ineffective drainage of floors S.6.						
Sanitary Conveniences S.7. ...						
(a) Insufficient						
(b) Unsuitable or defective ...	23	15				
(c) Not separate for sexes ...						
Other offences against the Act (not including offences relating to Outwork) ...						
TOTALS	23	15				

Outwork (Sections 133 and 134)

Nature of Work	No. of out-workers in August list required by Sec. 133 (1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
Weaving) Making etc., Apparel) Cleaning and washing ...	7	—	—	—	—	—
Others	—	—	—	—	—	—

During routine inspections under Part 1 of the Act the public health inspectors made enquiries into the employment of outwork by occupiers and where appropriate the statutory requirements relating to notification were outlined.

Matters notified to H.M. District Inspector of Factories.

Failure to display Abstract of Factories Act	Nil
New Factories	20
Factories discontinued	27

AIR POLLUTION CONTROL

During the year a total of 778 visits were made to various premises in connection with the Department's efforts to ensure that pollution of the air was minimised.

The contributions to smoke pollution by industrial and commercial premises in the town is still negligible and once again it is pleasing to note that no prosecutions were necessary under the provisions of The Dark Smoke (Permitted Periods) Regulations, 1958.

Notifications of intention to install new boiler plant were received in respect of six premises, one of which included an application for prior approval.

Applications for chimney height approval, which is necessary when the new plant is rated at $1\frac{1}{4}$ million Btu's per hour or more input, were received in respect of four premises. Three of these were approved unconditionally and the fourth refused on the grounds that the products of combustion from the proposed oil fired boiler would cause a nuisance to adjacent premises. The problem was overcome by installing natural gas fired plant.

On the Fylde Coast, Blackpool and one neighbouring authority participate in the National Survey of Air Pollution and within the borough daily measuring equipment is in operation at the Municipal Health Centre, Hawes Side Clinic and Devonshire Road Hospital. Smoke in the atmosphere is measured and recorded at the meteorological station at the Blackpool Airport, which is situated within the area of the adjacent authority.

At each location the apparatus operates by continuously taking a measured volume of air (approximately 70 cubic feet in 24 hours) from outside the building and drawing it through a white filter paper where the smoke remains as a grey stain. The darkness of the stain is measured photo-electrically and the concentration of smoke calculated. The filtered air is then automatically bubbled through a dilute solution of hydrogen peroxide; the acidity of the resultant solution is determined by titration with alkali and is used to calculate the equivalent sulphur dioxide in the air. The amounts of smoke and sulphur dioxide are expressed as microgrammes per cubic metre (one part per 100 million (by volume) is equivalent to 28.6 microgrammes per cubic metre). Each month the data obtained is sent to the Warren Spring Laboratory of the Department of Trade and Industry, which in turn provides the local authority with complete details from the national survey.

Apart from last year's disappointing figures, the downward's trend of Smoke and Sulphur Dioxide levels continues, as can be seen in the following tabulated information.

In March, the Health Committee considered a letter from the chairman of the North-West Economic Planning Council, which dealt with smoke control progress in the north-west and urged all authorities to proceed as quickly as possible with smoke control programmes. The Committee accepted the desirability of introducing a smoke control area in the town and the informal views of the Department of the Environment were sought on the possibility of introducing a pilot scheme, at low cost, prior to the formulation of a phased programme for the whole of the county borough area.

The central government department indicated in reply that the Secretary of State would not consider the confirmation of smoke control orders in isolation and that the submission of a comprehensive phased programme would be required. The issue was taken up by the North-West Divisional Council of the National Society for Clean Air (of which the authority is a member). The Divisional Council agreed that the government's requirement was likely to impede smoke control progress and that its reasons for demanding a total commitment in the "white areas" of the country (but not in the so called "black areas") were unfounded.

As one of the authority's delegates to the Clean Air Conference in October, I was able to argue the case for individual smoke control areas in front of a large audience in open discussion, and the matter created considerable interest. At the close of the year, however, no change had taken place in the policy of the Department of the Environment.

AIR POLLUTION BY SMOKE AND SULPHUR DIOXIDE January to December, 1972

	No. 1 Site Municipal Health Centre Classification B3			No. 2 Site Inf. Diseases Hospital Classification B2			No. 3 Site Hawes Side Clinic Classification B3		
	Smoke	Sulphur Dioxide (microgrammes/ cubic metre)	Smoke/ SO ₂ ratio	Smoke	Sulphur Dioxide (microgrammes/ cubic metre)	Smoke/ SO ₂ ratio	Smoke	Sulphur Dioxide (microgrammes/ cubic metre)	Smoke/ SO ₂ ratio
AVERAGE DAILY CONCENTRATIONS									
January ...	62	98	0.63	80	121	0.66	64	91	0.70
February ...	61	105	0.58	81	109	0.74	66	105	0.63
March ...	57	101	0.56	64	104	0.62	58	96	0.60
April ...	28	44	0.63	21	71	0.30	19	39	0.49
May ...	29	61	0.47	34	79	0.43	26	54	0.48
June ...	20	39	0.51	18	63	0.29	13	39	0.33
July ...	17	44	0.39	22	62	0.35	31	54	0.57
August ...	18	34	0.53	18	51	0.35	17	34	0.50
September ...	39	58	0.67	52	75	0.69	41	55	0.75
October ...	52	74	0.70	72	85	0.85	48	68	0.71
November ...	67	58	1.16	61	82	0.74	54	53	1.02
December ...	85	146	0.58	104	151	0.68	70	130	0.54
Annual Average (1972) ...	45	72	0.62	52	88	0.59	42	68	0.62
Annual Average (1971) ...	55	84	0.65	69	101	0.68	56	79	0.71
HIGHEST DAILY CONCENTRATIONS									
January ...	182	177		225	315		188	257	
February ...	153	263		186	236		133	440	
March ...	139	216		162	218		137	194	
April ...	71	75		44	131		44	82	
May ...	48	89		68	131		46	80	
June ...	32	70		4	207		21	59	
July ...	24	85		38	182		41	97	
August ...	37	58		54	95		36	70	
September ...	83	128		130	167		114	107	
October ...	127	269		154	262		136	202	
November ...	157	122		152	118		153	96	
December ...	226	365		314	359		138	304	

**ANNUAL AVERAGE SMOKE AND SULPHUR DIOXIDE
READING 1968 - 1972**

YEAR	No. 1 Site		No. 2 Site		No. 3 Site	
	Smoke Microgrammes per cubic metre	SO2	Smoke Microgrammes per cubic metre	SO2	Smoke Microgrammes per cubic metre	SO2
1968	77	89	96	113	80	96
1969	72	85	92	105	74	89
1970	52	73	71	102	49	71
1971	55	84	69	101	56	79
1972	45	72	52	88	42	68

NOISE CONTROL

92 complaints were received of noise nuisance during 1972 (compared with 55 in 1971) and their investigation involved the public health inspectors in 530 visits and observations at various times of the day and night. 63 of the complaints were considered to be appropriate for action under Section 1 of the Noise Abatement Act, 1960 (extending the provisions of the Public Health Act, 1936) if substantiated. These can be summarised as follows :—

Noise Abatement Act, 1960, Section 1

	Industrial Premises	Com-mercial Premises	Roadworks Con-struction Demolition etc.	Domestic Premises	Other	TOTAL
Number of :—						
Complaints received ...	14	28	9	10	2	63
Cases complained of ...	14	25	7	7	1	54
Cases investigated ...	14	25	7	7	1	54
Nuisances confirmed ...	6	12	6	2	—	26
Nuisances remedied informally	6	10	6	2	—	24
Abatement notices served	—	1	—	—	—	1
Prosecution for contravention of abatement notice ...	—	—	—	—	—	—

Despite considerable activities by mobile traders no complaints were received concerning the use on their vehicles of loudspeakers, either generally or outside the hours permitted by Section 2 of the Noise Abatement Act, 1960.

29 of the complaints were made in respect of noise sources exempt from proceedings under the Noise Abatement Act or to which action under the Act was not appropriate. 16 of these concerned the increasing problem of noisy animals and these were dealt with by procedure under an appropriate bye-law. This states that no person shall keep any noisy animal which causes a nuisance to residents in the neighbourhood and a fine of £20 can be imposed. A notice alleging a nuisance, signed by three householders, must be served on the person keeping the animal and proceedings can be taken if the nuisance continues after two weeks have elapsed. Most of the "noisy animal" complaints referred to the barking of dogs, but donkeys and poultry also caused a smaller share of annoyance.

The most common sources complained of arose from the use of loud-speaker systems and musical instruments. Twenty such cases were reported, many of which were associated with night-clubs and similar places of entertainment. Other activities causing annoyance were again metal fabrication (5) commercial refrigeration equipment (5) and ventilation systems (4).

The Department was involved in the question of aircraft noise, probably for the first time, when the operation of turbo-jet aircraft on night flights from the Corporation owned Squires Gate airport came under scrutiny. The flights concerned were provided for inclusive-tour operators offering holidays abroad; at the end of the year there were no plans for similar night flights to be repeated in the future. Demonstration flights by a company proposing to

inaugurate a hovercraft service between Blackpool and Southport which held in October. Sound level reading at various points on the Promenade and foreshore were taken by public health inspectors in order to predict whether any nuisance was likely to be caused by such operations.

The principal method of assessing an alleged noise nuisance is based on the opinion and careful assessment of an experienced inspector. Whenever practicable this is augmented by the use of a sound level meter complying with the British Standard 3489.

It has become obvious, however, that many investigations would be facilitated by the use of more frequency-analysing equipment which unfortunately is not available to the Department.

PEST CONTROL

Rodent Control

The continuous examination of land and premises for rodent infestations during the year entailed 2,612 visits summarised as follows: Business Premises 909: Dwelling Houses 1,573: Open Spaces 130.

A number of these premises were found to be infested. Orders requesting control of these infestations were duly received and the work was carried out satisfactorily.

Surface infestations

The number of complaints received was 761. Treatment was carried out at 412 business premises and 349 dwelling houses. Of these, 226 premises were found to be free of infestation. The total number of surface infestation visits made during the year was 3,095.

Rodent Control in Sewers

Two control programmes were carried out during the year for the control of rats infesting sewers. In June/July 419 manholes were baited with poison and in October/November 642 were test baited, followed by a further 360 manholes baited with poison.

During the year 1,421 manholes were examined, baited and re-examined. Of this number 24 were proved to contain rats and these manholes were baited until no further takes were recorded.

Other Animal Infestations

Pigeon Control

The Department made 357 visits to premises in the Borough following complaints of pigeons causing a nuisance. This resulted in a total of 280 pigeons being destroyed.

Rabbits

18 visits were made to premises and land regarding infestations by wild rabbits and the necessary eradication steps were taken in all cases.

Moles, Voles, etc.

111 visits were made to premises and the necessary treatments were carried out satisfactorily.

Unusual Complaints

The Department continued to receive complaints from residents in an area at North Shore, of children being attacked by a Jackdaw, as mentioned in last year's report. The bird continued to evade all attempts to capture it.

This state of affairs persisted until April when the Pestologist was informed that the jackdaw was in the habit of going into a garage in Repton Avenue. An approach was made to the occupier of the house and he agreed to try and trap the bird in the garage. The Pestologist was later informed that the bird had been caught. He visited the premises, placed the bird in a wicker basket and took it to the aviary at Stanley Park. However, as the bird was being transferred from the basket to a cage it managed to get away and finding a hole in the top of the netting of the aviary escaped.

It was observed in the North Shore area again two days later. It must then have decided to seek a more hospitable region for no further complaints were received about this bird.

In August a complaint was received of a snake in a private garage. The Pestologist visited the premises and observed that the reptile was a grass snake, probably an escaped pet. The occupier had managed to place it in a glass jar, enabling it to be taken to the Zoo. However, as the Zoo had no reptile section it could not be accepted and the snake was therefore released on open land to the east of the Zoo.

Insect Infestations

Treatment and/or advice was given following complaints received of insect infestations. The first and subsequent visits are summarised as:—

Vermin, bugs, fleas and lice	484
Cockroaches	426
Ants	198
Flies	19
Woodboring insects	213
Other pests	305

In addition two females and twelve males were disinfested for infestations of body lice.

CARAVAN SITES

The number of caravan sites within the borough consisting of three or more caravans is as follows :—

Holiday sites	7
Combined holiday and permanent sites	2
Permanent residential sites	4

All the above sites are subject to licence conditions as laid down by the local authority under the Caravan Sites and Control of Development Act, 1960. The site licence conditions adhere closely to the Model Standards issued

by the Ministry of Housing and Local Government, but in many cases in the Marton Moss area a planning condition is imposed to the effect that the caravan should be occupied only by an agricultural worker.

In addition to the above sites the local authority have granted licences in respect of 33 sites where only one or two caravans are sited. The licence conditions for these are similar to those approved for the larger sites.

During the year frequent inspections were carried out to ensure that licence conditions were being complied with and a formal warning was sent in one instance where several licence conditions were found to be contravened.

As in previous years many requests were received from holiday makers anxious to find sites available for touring caravans. In each case a list of the licensed sites was sent to the enquirer who was advised to apply direct to the site proprietor.

Seasonal sites hitherto in the borough have mainly been used to accommodate static caravans and apart from two small sites, one holding the Caravan Club certificate, few facilities have been available for touring caravans.

During the year, however, a new seasonal site was opened situated near the borough boundary adjacent to the A583 Blackpool to Preston road. This caravan park is being developed by a private company in association with the Council and the first phase is licensed for 600 holiday caravans which are to be either owner/occupied static caravans or tourers.

HAIRDRESSERS AND BARBERS ESTABLISHMENTS

Under the Blackpool Corporation Act, 1958, all persons who carry on a business as a hairdresser or barber are required to register themselves and their premises with the local authority.

The Act gives powers to make bye-laws and these have been made for the purpose of securing (1) cleanliness of registered premises, instruments, towels and all materials and equipment used in the premises and (2) the cleanliness of all persons employed on the premises in regard to personal hygiene and their clothing.

During the year there were 275 ladies' and gentlemen's hairdressing establishments on the local authority register.

In the premises inspected a good standard of cleanliness and general hygiene was maintained.

PET ANIMALS ACT 1961

There are 17 premises within the Borough which are licensed by the Local Authority for the sale of pets.

28 inspections of these premises were carried out by the district public health inspectors, and all were found to comply with the licence conditions.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

This Act requires the licensing of premises where certain animals are boarded or kept for a period.

Five premises within the Borough have been licensed by the Local Authority under this Act.

Frequent inspections were carried out to ensure that licence and sanitary conditions were complied with, and all the premises were reported to be satisfactory.

RIDING ESTABLISHMENTS ACT, 1963

Four riding schools in Blackpool are now licensed under this Act, at which 34 horses are stabled.

Routine inspections were carried out to ensure that the licence conditions were complied with. Reports were made to the local authority by the veterinary surgeon appointed to report on animal health, and conditions were found to be satisfactory.

Various stables continue to be kept under surveillance in order to check whether any activities are undertaken which would require that the premises be licensed under the Act.

FERTILISERS AND FEEDING STUFFS ACT 1926

During the year 16 samples were taken and the results received from the Agricultural Analyst are summarised below :—

Sample	Informal		Formal	
	Satisfactory	Unsatisfact.	Satisfactory	Unsatisfact.
General fertiliser	5	—	—	—
Bone meal	1	1	—	—
Lawn fertiliser	1	—	—	—
Poultry feed	4	1	—	—
Cattle/pig feed	3	—	—	—
TOTALS ..	14	2	—	—

Details of unsatisfactory samples

Sample No. 5 — poultry feed

The sample contained 2.1% more protein than the amount declared, the excess being contained 0.7% more protein than the amount declared, the not to the prejudice of the purchaser and no injurious effects on poultry would result. Correspondence with the manufacturer resulted in a check of the blending plant being made.

Sample No. 10 — bone meal

The sample contained 1.1% more nitrogen than the amount declared, the excess being 0.6% outside the limits of variation. This was not considered to be prejudicial to the purchaser and correspondence with the manufacturer revealed the discrepancy to be due to packaging difficulties.

DRAINAGE WORKS SECTION

A comprehensive service is available for the repair, unblocking and cleaning of drains within the Borough and during 1972, 3,937 jobs were undertaken. These works are carried out on receipt of a signed order and often at very short notice, and charges are made on a time and materials basis. In addition, the section carries out works in connection with the local authority's statutory obligations, e.g. the cleansing and maintenance of public sewers (Public Health Act, 1936, Section 24) and work in default of compliance with statutory notices.

Final air and smoke tests are applied to all new domestic properties on behalf of the Borough Surveyor's department and 343 of these were made during the year. At existing properties 242 tests were applied in order to locate suspected defects or to check repaired drains.

In Blackpool, the provision of a domestic dustbin is the responsibility of either the owner or the tenant (Public Health Act, 1936, Section 75). The provision of bins for trade waste is secured where necessary by the use of powers contained in the Blackpool Corporation Act, 1958. The department carries a stock of $3\frac{1}{4}$ cu.ft. British Standard dustbins and 568 of these were supplied in 1972. In addition, 50 high density polyethylene bins were obtained on a trial basis and their sale indicated a substantial demand for this type of refuse container.

During the year the work study exercise in the section was completed by the Corporation's own team and a bonus incentive scheme has now been introduced.

DISEASES OF ANIMALS ACT, 1950

Since July, 1971, each public health inspector has held the appointment of local authority inspector under the Diseases of Animals Act. In addition to regular inspections of animal transport vehicles at the abattoir, routine inspections have been made to various premises for the purposes of the Act, particularly the piggeries in the Marton Moss and Carleton areas.

Towards the end of the year outbreaks of swine vesicular disease occurred in England. The disease closely resembles foot and mouth disease but only affects pigs. It is new to this country but occurred in Italy and Hong Kong a few years ago, and has also appeared in a number of European countries. The Swine Vesicular Disease Order was made on the 15th December, 1972, making the disease notifiable and introducing movement restrictions similar to those applying to foot and mouth disease. The Department's inspectors had already visited all piggeries within the Borough, paying particular attention to those at which swill was boiled or used and checking to see that movement records were being properly kept. Special arrangements for the issue of the movement licences outside normal office hours were made.

During the year arrangements were made with the Lancashire County Council whereby the County would undertake, on a rechargeable basis, the incineration of any carcasses affected with anthrax.

MISCELLANEOUS STATISTICS

Complaints received	
Oral	4,088
Written	264
Visits and inspections	
Food Premises	
Bakehouses	95
Butchers' shops	216
Cafes and Snack Bars	424
Dairies and Milk Shops	297
Fish Frying Shops	100
Hotels, Licensed Premises & Guest Houses	1,315
Ice Cream Premises	235
Food Manufacturing Premises	45
Food stalls and Vehicles	296
Other Food Shops	1,783
Other Matters	
Basements	7
Cinemas, Dance Halls, Theatres, etc.	9
Drainage Schemes	340
Dwelling Houses	2,326
Exhumations	3
Factories	427
Hairdressing Businesses	181
Houses in Multiple Occupation (Holiday)	158
Houses in Multiple Occupation (Residential)	268
Infectious Diseases (including Food Poisoning & Dysentery)	827
Caravan Sites and Land	316
Municipal Tenancy Application	336
Noise Nuisances	530
Other Nuisances	9,343
Offices, Shops and Railway Premises Act	2,058
Pet Animals Act	28
Public Conveniences	11
Rag Flock and other Filling Materials Act	2
Refuse Tips	3
Roadways, Footpaths, Back Streets & Passages	230
Schools and Churches	1
Clearance Area Survey	107
Air Pollution Control	782
Storage of Refuse	475
Stables, etc.	101
Swimming Baths	55
Temporary Structures	164
Town Planning and Building Control Matters	675
Watercourses and Ponds	268
Water Supply	67
Diseases of Animals	121
Registered Old Persons' Homes	7
Tourists' Complaints	78
Not Otherwise Classified	4,176

COUNTY BOROUGH OF BLACKPOOL



THE HEALTH OF THE SCHOOL CHILD

REPORT

of the

PRINCIPAL SCHOOL MEDICAL

OFFICER

FOR THE YEAR 1972

To the Chairman and Members of the Education and Cultural Services Committee:

Mr. Chairman, Ladies and Gentlemen,

This report for the year 1972 will probably be the last full annual report submitted on the work of the School Health Service before reorganisation overtakes us.

After some delay the Government finally announced that the School Health Service would become an integral part of the new National Health Service, and that it would continue to give to the Local Education Authorities the services, expertise and advice of its professional staff. In Blackpool there has always been very close co-operation and integration between the Education and Health Departments at all levels, and we hope to see that carried forward after the 1st April, 1974.

Strong ties will be needed in the period running up to and during the period after 1st April 1974, to maintain the present services at their high level, and to ensure the change-over is smooth and without detriment to the health of the schoolchildren of Blackpool.

The major problem throughout 1972 has been that of staffing. There has been a deficit in the establishment of Medical Officers in Department, and with the loss of two full-time officers during the year, increasing reliance has been on the services of part-time sessional staff.

With Health Visitors being attached to G.P. practice, they have ceased to have geographic association with their school children, and a redeployment was made. School Nurses were attached on an area basis to schools so that they could become known to staff and pupils. These nurses linked, where necessary, and particularly in the case of the special schools, with Social Service Officers. The Health Visitors retained overall responsibility and were the link between school and home.

Within the paramedical services, shortages of Speech Therapists have meant the continuation of a long waiting list and some children must of necessity be at a handicap in the school situation because they are not receiving the help they require.

We have been without the services of an Educational Psychologist for the latter part of the year, and it is hoped that this situation can very quickly be remedied. As has been reported more than once before, the Child Guidance Clinic is functioning under the very considerable handicap of insufficient Consultant sessions, no Psychiatric Social Worker and no Psychologist. The Social Worker has carried a most extensive case load, and the waiting list remains at a high level.

All the Consultant Clinics have continued to function regularly throughout the year.

In November we heard with sorrow of the death in East Africa of Mr. Ian Thorburn, who had given many years of unexcelled service to the school children of Blackpool by holding his Consultant E.N.T. School Clinics. There are many families who have reason to be grateful for his care and advice and he was always happy to discuss any problems with School Medical Officers. In his place we have welcomed Mr. I. Khan.

Highfurlong School

Highfurlong School has been visited regularly by the School Medical Officer, and all children have continued to have a medical examination yearly. This examination, in addition to a physical check of the child's condition, has afforded an opportunity for the Headmaster, Doctor and Parent to discuss the picture of the child overall, in relation to health and home and educational progress.

Special medicals are carried out as required, and Dr. Bound, the Consultant Paediatrician, has kindly continued to visit the school every three months to see special cases under review. As reported last year, virtually no waiting list has existed — a very satisfactory state of affairs.

Park School

Many of the problems brought to the School Medical Officer have been in connection with the emotional problems of the pupils, and have required help from the Child Guidance Clinic.

It has been possible to admit into the school children requiring the special educational facilities with the minimum of delay.

Diagnostic Assessment Unit

The Diagnostic Assessment Unit has been invaluable for the placement of those children unable to enter ordinary school and requiring intensive on-going investigation and assessment. It is to be hoped that after 1974 it will integrate with any Diagnostic Assessment Unit which may be set up by the Paediatric Hospital Services.

Woodlands School

The School has now integrated fully into the Educational System, and during the year all the children were reclassified — no longer ineducable but as children requiring special educational facilities. The Special Care Unit within the school has been fully stretched, and these very severely handicapped children require considerable dedication on the part of the staff.

To the School Health Service staff — medical, dental, nursing and lay, I should like to express my gratitude for their conscientious work throughout the year. I am also grateful to the Chief Education Officer, his staff and the teaching staff in the schools for their continuing co-operation.

As the Chairman and Members of the Education Committee, you have maintained your interest in the School Health Service, and have thus encouraged and been of help to all members of the staff. I am grateful for your continuing support, and would like to express the hope that this close and happy relationship will be maintained after the reorganisation of 1974.

**Municipal Health Centre,
Whitegate Drive,
Blackpool.
Tel. No. Blackpool 63232.**

**D. W. WAUCHOB,
Medical Officer of Health.**

Population (Registrar-General's latest official estimate) 149,770

	Number of schools	Number of pupils	
		1972	1971
Secondary Grammar	3	2,170	2,159
Secondary Modern	9	6,122	5,996
Primary	34	12,790	12,614
Special Day E.S.N.	1	171	178
Open Air	1	104	102
Residential Schools for Maladjusted	1	55	36
Direct Grant Grammar	3	2,113	2,053
Independent Grammar	1	508	490
Private and Preparatory	3	316	284
		24,349	23,912

CLINIC PREMISES

SCHOOL MEDICAL SERVICE

CENTRAL SCHOOL CLINIC, WHITEGATE DRIVE

Open daily, Monday to Friday

9.00 a.m. to 12.30 p.m.
1-30 p.m. to 4-30 p.m.

BRANCH CLINICS

BISPHAM SCHOOL CLINICS

Open Monday (Doctor in attendance)

9-30 a.m. to 12 noon
2-00 p.m. to 4-30 p.m.

ABBEY ROAD SCHOOL CLINIC

Open Monday (Doctor in attendance)

9-30 a.m. to 12 noon
4-00 p.m.

Friday (Nurse in attendance)

The following Specialists Clinics are held at the CENTRAL SCHOOL CLINIC :—

Child Guidance Clinic	2 per week (Alt. Thurs.).
Speech Clinic	9 per week
Audiology & Lip Reading Clinic	6 per week
Ophthalmic Clinic	3 per week
Ear, Nose & Throat Clinic	1 per month
Consultant Paediatrician's Clinic	1 per month

SCHOOL DENTAL CLINIC — Principal School Dental Officer:

Howard Gleek, L.D.S., R.C.S., (Eng.)

Clinics :

Central School Clinic: Whitegate Drive

Branch Clinics : Abbey Road
 Bispham

Appointments :

Central Clinic Monday to Friday 9-00 a.m. to 12 noon
 2-00 p.m. to 4-30 p.m.

Bispham Clinic Monday to Friday 9-30 a.m. to 12 noon
 2-00 p.m. to 4-30 p.m.

Abbey Road Monday to Friday 9-30 a.m. to 12 noon
 2-00 p.m. to 4-30 p.m.

Casualties and emergencies can be seen between any of the above times.

Consultant Dental Surgeon

The Consultant Dental Surgeon holds clinics at the Central School Clinic on Monday and Tuesday, between 2-00 p.m. to 4-30 p.m. Cases are seen by appointment only.

Children under five and expectant mothers

Can be seen by appointment only.

PERIODIC MEDICAL INSPECTIONS IN SCHOOLS

Year of Birth	1972	1971
1967 and 1968 (entrants)	1,191	1,163
1966	605	729
1965	204	227
1964	147	93
1963	95	67
1962	220	188
1961	515	437
1960	275	167
1959	8	20
1958	23	601
1957 and earlier	*689	1,090
	<hr/>	<hr/>
	3,972	4,782

* There is a reduction of figures here due to increase in the school leaving age from 15 to 16.

Other examinations were carried out in the schools as follows:—

Re-examinations	389	405
Special Inspections	211	180
Nurses' 7+ Survey (Vision Tests)	2,417	1,805
Other School Works:—		
Audiometer Sweep Tests	3,694	2,502
Total number of children immunised		
against Diphtheria and Tetanus	1,524	1,047
Total number immunised against Tetanus	916	1,274
Total number immunised against Polio	2,381	2,422
Total number who had B.C.G. vaccinations		
against Tuberculosis	2,350	873
Total number vaccinated against Measles	128	—
Total number vaccinated against Smallpox	164	456
Total number vaccinated against Rubella	757	648

WORK OF THE HEALTH VISITOR/SCHOOL NURSES

The Health Visitor/School Nurses have continued their many duties in the schools, clinics, and homes with Clinic Nurses helping in the various clinics.

The total number of visits made by the Health Visitor/School Nurses during the year is as follows:—

Visits to the schools	1,245
Visits to the homes	777

CLEANLINESS

Total number of cleanliness inspections	
in school during the year	14,144
Number of individual children infested	491
Cleansing Notices issued (Section 54)	—

CLEANLINESS CENTRE — REPORT OF HYGIENE ASSISTANT

Heads

Number of individual children	491
Total attendances	1,816
Cleared	437
Re-Infested	169
Cleared	445

Scabies		
Number of individual cases	.....	105
Attendances	.....	324
Cleared	.....	55
Re-Infested	.....	25
Cleared	.....	77
Impetigo		
Individual cases	.....	49
Attendances	.....	178
Cleared	.....	43
Old Cases	.....	19
Others		
New Cases	.....	26
Attendances	.....	229
Infested	.....	419
No. examined	.....	6,225
School Visits	.....	168
Home Visits	.....	349
Misceillaneous	.....	280

MEDICAL CLINICS

The Eye Specialist, Dr. Aung Myin, continues to hold a clinic on Monday and Wednesday afternoons and Thursday mornings.

The Consultant Aural Surgeon holds a clinic monthly at the Central School Clinic to deal with school children who may be having difficulties with tonsils, hearing defects and any other adenoidal problems.

Doctor Jean Robson, the medical officer in charge of Audiology, continues to hold approximately three clinics per month for the specialised testing of hearing on babies and young pre-school children. Testing is also carried out on the severely subnormal and mentally retarded children.

The Enuretic Clinic continues to function and 298 children attended. At the end of the year 7 children were waiting for a Bell Mattress.

During the year 770 new cases were referred from the various Clinics to the Physiotherapy Department for Light Treatment and other treatment as follows:—

Light Treatment	.....	2,930
Breathing Exercises	.....	3,598
Special Exercises	.....	86

Some of these had been referred by General Practitioners to the Clinic, and others by the Chest Physician at Victoria Hospital.

Attendances at the Medical Clinic during the year were as follows:—

	1972	1971
Attendances at Medical Clinics	8,895	9,841
Number of ailments treated	4,780	4,645

DETAILS OF CASES REQUIRING EXAMINATION, TREATMENT OR ADVICE AT THE MEDICAL CLINICS

	1972	1971
SKIN		
Diseases of the Skin (including		
Verrucas --)	1,077	987
EYES		
Visual defects, including squints	989	1,094
External eye defects	103	99
Glasses for repair or replacement	154	108
Vision tests	105	79

EARs			
Deafness, earache, etc.	228	204	
NOSE AND THROAT			
Catarrh, sore throat, tonsilitis, etc.	63	54	
ORTHOPAEDIC			
Crippling defects, poor posture, flat feet	23	32	
NERVOUS DISORDERS		6	15
DEVELOPMENT	9	19	
PSYCHOLOGICAL CASES			
Development	2	2	
Stability (including Enuresis)	280	241	
MEDICAL CASES , including:—			
Speech defects, lymphatic glands, heart and circulation, chest and lung defects, and miscellaneous medical cases	106	130	
SURGICAL CASES , including:—			
Injuries, sprains, wounds, burns, abscesses etc	290	349	
INFECTIOUS DISEASES	—	—	
OTHER EXAMINATIONS (see below)			

SPECIAL EXAMINATIONS CARRIED OUT BY THE SCHOOL MEDICAL OFFICERS

182 children were examined to allow them to work out of school hours, mainly for the delivery of newspapers.

52 children were examined to permit them to take part in public entertainments.

There were 36 periodic examinations of boarded-out children during the year, by arrangement with the Children's Officer, and boarded-out children have also been examined and treated at the clinics for minor ailments.

105 vision tests were carried out in the Clinics (additional to those seen by the Ophthalmic Specialist).

87 examinations were carried out on children home on holiday from residential special schools, to ensure that they were free from any infection before returning to school.

149 Teacher Training candidates were examined during the year; arrangements were made, where necessary, for chest examinations in the Chest Clinic at the Victoria Hospital.

35 examinations were carried out by the School Medical Officers, to assess children with suspected physical or mental handicaps, and other special cases. This is done at any age after the child's second birthday to ensure that no child was missed who may need special education.

131 miscellaneous medicals were carried out on children who were referred to the clinic either by the headmasters of schools, health visitors or nurses, or at the request of the parents.

SPECIALIST TREATMENT

The following cases were referred for specialist opinion to the Blackpool Victoria Hospital from the School Medical Clinics during the year:—

Ear, Nose and Throat Cases	156
Orthoptic treatment	35
Casualties and emergencies	—
Surgical cases	—
Orthopaedic cases	23
Breathing exercises	—
Paediatrician	45

AUDIOMETRY IN SCHOOLS

Children have been screened at 5-plus, 6-plus and 10-plus. At these routine sweep tests children who show any hearing loss are re-tested at the Central School Clinic by the Specialist Teacher of the Deaf; after consultation with the Deputy Principal School Medical Officer and if necessary they are referred to the Ear, Nose and Throat Specialist Clinic.

CHILDREN TESTED BY SCHOOL AUDIOMETRICIANS

Number of sessions	145
Number of children tested	3,694
Number of hearing losses	311
Number of absentees	136

NUMBER OF CHILDREN SEEN BY MR. NEWSON, TEACHER OF THE DEAF

Total number seen	1,033
Number of children found to have defective hearing	439
Number of children with normal hearing	594
Referred to E.N.T. Clinic	102
Referred to Central School Clinic to Doctor Robson	13

Any children who show slight defective hearing, but not requiring any special treatment, are kept under observation in schools and the teachers are asked to note their progress. They are also reviewed periodically at the Clinic.

Mr. Newson, Teacher of the Deaf, has submitted the following report for 1972:—

The number of children receiving hearing screening tests in schools was greater than in any previous year. The two Audiometrists, Mrs. Legge and Mrs. Pritchard are now testing children at the ages of 5-plus, 6-plus and 10-plus.

Dr. Jean Robson continued her work in the Audiology Clinic. Children are referred for testing as young as seven months. Mrs. Price and Miss Higginbottom, two specially trained Health Visitors, assist regularly at these clinics and give guidance and help to mothers. Those children needing treatment are seen by Mr. Finlay Brown.

PARTIALLY HEARING CHILDREN RECEIVING SPECIAL TUITION

Thirty children received special tuition in speech and lip reading from Mr. Newson. Their ages ranged from four to sixteen. These children are instructed how to use their hearing aids as well as possible and to continue listening with watching for speech.

All our staff, both clerical and clinical, have worked together as a team for the benefit of the hearing impaired child.

There were 43 children found at the routine medical inspections in school with suspected defects of heart and circulation; 22 children were put on the list for observation.

CONVALESCENT TREATMENT

During the year, 4 delicate and debilitated children received treatment in the West Kirby Convalescent Home.

OPHTHALMIC CASES (seen by the Eye Specialist at Central School Clinic)

Number of children examined	1,367
Number for whom spectacles were prescribed	556
Number already wearing glasses, for whom no change of lens was prescribed	447
Number for whom spectacles were not advised	329
Number referred for Orthoptic treatment	35
The following is an analysis of the defects found among the children for whom spectacles were prescribed:—	
Simple Hypermetropia	150
Hypermetropia Astigmatism	210
Simple Myopia	410
Myopic Astigmatism	190
Other cases	271

AUDIOLOGY SERVICES FOR CHILDREN — 1972

Testing Pre-School

a) Health Visitors in School Clinics

Babies' hearing screened at 9 months. Children failing two screening tests are referred to the Audiology Clinic, Central School Clinic.

b) Dr. Jean Robson — Audiology Clinic

Approximately three times monthly Dr. Robson attends to test the hearing of babies and young children referred to her by Consultants, G.P.'s and Health Visitors. Table below gives details of findings at clinics:

Total number of clinics	32
Total number of children seen	126
Number of new cases seen	52
Number who have any degree of deafness	28
Number advised to use a hearing aid	2
Number having guidance	34
Number referred to Mr. Finlay Brown, Victoria Hospital	16

c) Mr. Khan — Consultant Ear, Nose and Throat Specialist

Mr. Khan attends monthly at the Central School Clinic to see children who have been asked to attend as a result of medical examinations in school and previous audiometric testing. At the 9 sessions held 78 children were seen.

Recommendations:

Referred to Victoria Hospital for operation	15
Referred to Hospital for microscopic examination of ears	17
Referred to Victoria Hospital for other treatment	3
Referred to E.N.T. Clinic	9
Hearing re-tests	6
Other treatment	8
Review at Victoria Hospital	2
No further action at present	18

NOSE AND THROAT DEFECTS

At the routine medical inspections 173 children were found to require treatment for nose and throat defects, and 115 children required observation for minor defects.

SPEECH THERAPY DEPARTMENT

In April, we were delighted to welcome Miss Jean Laycock, a full time therapist.

Miss Laycock quickly undertook the treatment of the large number of children whose treatment had had to be deferred following the resignation of the previous therapist. As even Miss Laycock's appointments only brought the speech therapy working force to half strength, we are ever mindful that intensive therapy cannot be undertaken, and therefore satisfactory results are only slowly achieved.

During the school summer holidays, we attempted a very rewarding experiment in intensive therapy with four eleven year old stammerers. We elected to use the Wohl Electronic Metronome Method and required the children to attend daily for two hours over a period of two weeks. The results were very gratifying and we concluded that intensive therapy is both more successful and more economical of time.

We have noted with pleasure that over the past year there has been a growing recognition and interest amongst allied professions in specific language disorders, which speech therapists have been treating for some years. We feel that children afflicted with this particularly handicapping disorder, will benefit greatly from the enlightened co-operation of all colleagues.

The report of the Committee appointed by the Secretaries of State for Education and Science and the Social Services, to look into Speech Therapy services was published this year. Its recommendations are far reaching and positive and are designed to provide an enlarged corps of speech therapists with better ancillary and supporting services. We are hopeful that the eventual implementation of certain recommendations of the Report, will benefit this department.

Total number of attendances during the year	3,181
Total number of children receiving regular or periodic treatment at the end of the year	254
Total number of new cases	56
Total number of discharges	50
Total number of children on waiting list at year end	128
Attendances at Park School	170
Attendances at Assessment Unit	280
Attendances at Highfurlong School	154
Attendances at Woodlands School	145
Attendances at Blenheim Lodge	69

Both Highfurlong and Park School are visited each week by the School Medical Officer administering these schools. This visit provides an opportunity for discussions between the Head Teacher and the School Medical Officer. Five or six pupils are examined each week, and in this way each child is reviewed at least once a year, and any difficulty dealt with as soon as it arises.

HOME TUITION

During the year twelve children received home tuition for varying periods, as follows:—

Injuries resulting from accidents	7
Leukaemia	1
Psoriasis	1
Pregnancy	1
Operations	2

PHYSIOTHERAPY

Number of children referred by Chest Physician	4
Number of children referred by School Doctors	681
Number of children referred by General Practitioners	121
Number of children referred by Paediatrician at Victoria Hospital	—

Treatments: (Schoolchildren)

Artificial Sunlight	2,871
Remedial Exercises	4,444
Radiant Heat	50
Massage	34
Foot Exercises	120
Other Exercises	45
Number of children seen by doctor	282
Faradism	67
Hydrotherapy	663
Ice Therapy	22
Micro Wave and Short Wave Diathermy	1

INFECTIOUS DISEASES (SCHOOLCHILDREN)

	1972	1971	1970
Scarlet Fever	17	17	34
Whooping Cough	—	25	8
Measles	433	221	342
Cerebro-Spinal Fever	—	—	—
Sonne Dysentery	1	—	6
Food Poisoning	1	11	6
Acute Meningitis	2	3	1
Infective Jaundice	4	13	7
Typhoid	—	1	—

CHILD GUIDANCE CLINIC

1972 has been a difficult year for the Child Guidance Clinic, and we have not been able to offer as comprehensive a service as we would have wished.

Our Social Worker, Mrs. M. Aitken, was taken ill in the autumn and unhappily she had to enter hospital for a major operation. We wish her a full and speedy recovery.

In addition Mr. Roberts, Educational Psychologist, left us, and Mr. G. Easting could only work a very limited number of sessions due to his academic work. Consequently, in the latter part of the year, much of the routine I.Q. testing had to be undertaken by the School Medical Officers, and more specialised attainment and psychological testing had to be abandoned.

Nevertheless the referrals continued to come in and, as I mentioned in my last report, particularly from the Police and Juvenile Courts for the older age group of children. We also received many referrals from the Paediatric Department.

Blenheim Lodge Special Day Class continues to be a most useful centre for children unable to cope with normal day school whilst remaining in their own home environment. Lancaster Moor Children's Unit is now offering medical, nursing and scholastic care of a very high calibre for the more disturbed children, and this has been particularly useful for Blackpool children during this difficult year.

Dr. T. W. ROGERS,
Consultant Child Psychiatrist.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

I have pleasure in presenting this report for the first complete year that I have been personally responsible, through the Medical Officer of Health, for the efficient conduct of the School Dental Service.

The professional staff has consisted only of the Principal, one Dental Officer and two part-time Dental Officers. Including the Consultant who attends for two sessions, we have the equivalent of three full-time Officers which is half the establishment. In the latter part of the year a Dental Auxiliary joined us and her keenness has helped make her very welcome.

In spite of being understaffed the enthusiasm and hard work of the Dental Consultant and Auxiliary, backed up by the loyal service of all the Dental Surgery Assistants, have resulted in a year of exceptional achievement.

There has been a 33% increase in the number of permanent teeth filled and a corresponding 15% decrease in the number of permanent teeth extracted, compared with the previous year. There has also been a 10% increase in the number of deciduous teeth filled.

Preventive dental procedures are now well established in our service and the dental officers are spending a good deal of time using special fluoride dental pastes for prophylaxis and applying fluoride gels in personal trays. This work does not show in our annual figures but will help us to continue to save even more teeth in the future.

This is presumably the last report before the Blackpool School Service becomes integrated into the National Health Service, directly under the control of the new Area Health Authority. The very modern dental clinics and equipment, which Blackpool has so wisely provided, will still continue to serve the needs of our own local children. Vigilance will be needed though to ensure this excellence is maintained in spite of the special attention which will have to be given to improving the more old fashioned clinics in surrounding districts.

The enthusiasm of my staff which is ensuring that the Blackpool School Dental Service is ending its independent days in quite a blaze of glory, can be carried on to help make a success of the new integrated Health Service. However, advantage must no longer be taken of the dedication of the School Dental Officers and they must receive at least the same remuneration as colleagues working the same hours with rather less strain in similar services such as the Student Health Service or the Dental Hospital Service.

HOWARD GLEEK, L.D.S., R.C.S. (Eng.)

**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY DURING THE YEAR**

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First visit	(1) 1,569	(12) 1,677	(23) 271	3,517
Subsequent visits	(2) 1,293	(13) 2,037	(24) 441	3,771
Total visits	2,862	3,714	712	7,288
Additional course of treatment commenced	(3) 64	(14) 97	(25) 13	174
Fillings in permanent teeth	(4) 1,037	(15) 3,655	(26) 846	5,538
Fillings in deciduous teeth	(5) 1,253	(16) 24		1,195
Permanent teeth filled	(6) 858	(17) 3,078	(27) 737	4,673
Deciduous teeth filled	(7) 1,171	(18) 24		1,195
Permanent teeth extracted	(8) 145	(19) 844	(28) 159	1,148
Deciduous teeth extracted	(9) 2,002	(20) 935		2,937
General Anaesthetics	(10) 911	(21) 716	(29) 84	1,711
Emergencies	(11) 111	(22) 77	(30) 6	194

Number of Pupils X-rayed	(31) 133
Prophylaxis	(32) 194
Teeth otherwise conserved	(33) 204
Number of teeth root filled	(34) 9
Inlays	(35) —
Crowns	(36) 3
Courses of treatment complete	(37)

ORTHODONTICS

New cases commenced during year	(38)	91
Cases completed during year	(39)	100
Cases discontinued during year	(40)	9
No. of removable appliances fitted	(41)	71
No. of fixed appliances fitted	(42)	20
Pupils referred to Hospital Consultant	(43)	—

PROSTNETICS

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	(44)	—	(47)	—
Pupils supplied with other dentures (first time)	(45)	2	(48)	13
Number of dentures supplied	(46)	2	(49)	13
			(52)	2
				17

ANAESTHETICS (General Anaesthetics administered by Dental Officers)

(53) 1,711

INSPECTIONS

(a) First inspection at school. Number of pupils	(A)	12,922
(b) First inspection at clinic. Number of pupils	(B)	1,974
Number of (a) and (b) found to require treatment	(C)	9,330
Number of (a) and (b) offered treatment	(D)	7,853
(c) Pupils re-inspected at school or clinic	(E)	180
Number of (c) found to require treatment	(F)	160

SESSIONS

Sessions devoted to treatment	(X)	1,328
Sessions devoted to inspection	(Y)	74
Sessions devoted to Dental Health Education	(Z)	8

N.B.—Statistical codings in parentheses.

PHYSICAL EDUCATION REPORT 1972

The Physical Education Syllabus as a whole is designed not only to include fitness of the body, health education and hygiene, but, in recent years, a stronger emphasis has been placed on the recreative and expressive aspects of physical education.

Pupils of secondary school age have a fairly wide choice of activities, but care is taken to ensure that the options available are followed to some depth, for it is felt that only in this way, after sustained application, can a real feeling, knowledge and interest in the chosen options be developed. It is continued participation after leaving school.

At the lower end of the secondary age range before options are introduced practically all of the available time is devoted to gymnastics, swimming, athletics and basic work in the major team games. At a later stage activities such as basketball, volleyball, trampolining, table tennis, dinghy sailing, canoeing, skating, orienteering, judo, golf, badminton and riding are introduced. Quality of performance is constantly insisted upon in all activities with the result that a number of quite outstanding performers emerge in the various activities.

In the primary age range the physical education programme has recently centred on the greater understanding by teachers of the differences of children's learning abilities and interests and the adoption, therefore, of more flexible teaching methods. Interest is the strongest motivation to learning and teachers are now more concerned in providing stimulating situations leading to movement and the acquisition of techniques and skills necessary to persist with an activity. In this age range in particular a child enjoys discovering what his body can do and he is encouraged to think about what he can do and how he can improve on what he is in fact doing. The primary physical education programme includes educational gymnastics, educational dance, athletics practices, games practices and swimming. Swimming is regarded as an important part of the programme and all fourth year pupils and the majority of third year pupils are taught to swim. A good percentage of all junior school pupils are able to swim at least 25 yards before they transfer to a secondary school.

Inter-Schools Fixtures

A large variety and number of Inter-Schools Fixtures and events took place throughout the year, and were mostly arranged by the Constituent Associations of the Blackpool Schools Sports Council. For primary school pupils regular fixtures were arranged in association football, athletics, netball and occasionally in swimming. For secondary school pupils there was a heavy programme of Inter-Schools Fixtures in association football, athletics, badminton, basketball, cricket, netball, swimming, hockey, rugby union football and lawn tennis.

Outstanding Performances

A number of boys and girls represented Blackpool as members of Town Teams and all are to be congratulated especially

(a) the Secondary School Athletics Association who have seven boys and two girls selected for the Lancashire County Team in the All-England Athletics Championships;

(b) the Swimming Association whose Free-Style Boys Team (14 to 16 years) came first in the Lancashire Schools Gala; and

(c) the Badminton Association whose Under 19 Boys' were Doubles Champions. In addition the Collegiate Grammar School had a representative in the Lancashire County Rugby Union Team in matches against five other Counties and this representative played also for the North of England and was a member of the Under-19 England Squad.

Facilities

Four excellent Sports Halls (three with spectators seating) have been used throughout the year and have catered for basketball, volleyball, badminton, indoor hockey, cricket, (net practice), 5-a-side football competitions, Olympic gymnastics and table tennis. These halls, with their excellent spectator accommodation have, on occasion, been used for School Tournaments at International level. An additional Sports Hall at Warbreck School was completed by the end of the year and the construction of a new 25m swimming pool will commence at St. George's School in the new year. Playing fields have, throughout the year, been improved upon by the Parks Department staff and a new practice cricket area has been provided at the Collegiate Grammar School.

Snows Heights Outdoor Centre

By the end of the year 104 parties and some 1,500 pupils had visited the Centre since its acquisition and development 4½ years ago. During the year an additional staff sleeping hut has been provided and there is now sleeping accommodation for 26 pupils and 6 staff. The Centre was in continual use during the Summer months and also on various occasions during the Winter months when it was used for a variety of purposes, the majority of them purposeful rather than recreative, including environmental studies, the Duke of Edinburgh's Award Scheme, canoeing, mountaineering, commando-type activities, orienteering and nature study.

Further Training of Teachers and Courses

During the year In-Service Training courses were held including a Netball (Umpiring) course, three session Country Dancing course and an Olympic Gymnastics course (taken by the National Coach). The Blackpool Easter School of Physical Education, by now the largest one week course of Physical Education in the country, was again held during Easter week and attended by a record total of 1,172 teachers who had a choice of some 44 different specialised courses.

In addition coaching classes for pupils in table tennis and Olympic gymnastics were held regularly for the first time during the Autumn Term and the extremely popular soccer coaching scheme for junior school pupils was held, as last year, at Stanley Park during the midsummer holiday period.

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